

Jigsaw Homecare Ltd

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Inspection report

Intake Business Centre
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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

We carried out an announced inspection of the service on 13 December 2017.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Jigsaw Homecare Limited currently supports 46 people who receive some element of support with their personal care. This is the service's second inspection under its current registration. At the last inspection on 23 June 2016 the service was rated Good overall. After this inspection the service maintained this rating.

People continued to receive safe care and processes were in place to reduce the risk of people experiencing avoidable harm. Safe staff recruitment processes were in place, although more robust checks of staff criminal records were needed. There were enough staff to meet people's needs. Safe medicine management processes were in place and people received their prescribed medicines safely. Staff were aware of how to reduce the risk of the spread of infection and processes were in place to investigate accidents and incidents appropriately.

Staff were well trained and their performance was regularly monitored. People were treated equally and were not discriminated against as a result of their health needs. Where needed, people were supported to lead a balanced and healthy lifestyle. The registered manager had ensured effective relationships with external health and social care organisations were in place and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service support this practice. However clearer documentation was required to ensure all decisions made clearly evidenced that they were in each person's best interest.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say. Staff talked with people and made them feel valued. People were supported by staff who were respectful and empathetic. People were involved with making decisions about their care. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People were supported to lead their lives in the way they wanted to. For some, this meant support to access their community and carry out their preferred hobbies and interests. People and their relatives were involved with agreeing the level of care and support people would receive when they started to use the service. Care records contained person centred guidance that enabled staff to respond to people's individual preferences. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it

would be dealt with appropriately. The provider's complaints process needed updating with the local ombudsman's details.

People and staff felt valued and spoke positively about the registered manager. The majority of people spoken with would recommend this service. Staff were made aware of the provider's aims and values and were held accountable for their actions. The service was managed well by a registered manager who was dedicated to improving people's lives. The registered manager and the provider continually looked to improve the service provided and expanded their knowledge by attending locally run forums. Quality assurance processes were in place and these were effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Jigsaw Homecare Ltd

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. We brought forward this inspection as we had received some information of concern that we needed to follow up and to check people were safe. During the inspection we found the provider was acting appropriately and no action was taken by the CQC in relation to these concerns.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using Jigsaw Homecare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Before the inspection we reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted County Council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

This comprehensive inspection took place on 13 December 2017 and was announced. We gave the service 24 hours' notice of the inspections because we needed to be sure staff would be available.

The inspection team consisted of 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. Between 5 and 8 December 2017 the Expert by Experience attempted to speak with 25 people who used the

service to gain their views on the quality of the service provided. They successfully spoke 12 people and one relative. On the 13 December 2017 the inspector continued the inspection at the provider's office.

During the inspection we also spoke with three members of the support staff, the independence administrator, registered manager and a representative of the provider.

We looked at all or parts of the records relating to seven people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

All of the people we spoke told us they felt safe when staff were in their house. One person said, "They stop me from worrying." Another person said, "I feel safe. I know what I want." People were provided with the information they needed to keep themselves safe and who to speak with in an emergency. People received care from staff who had received safeguarding adults training, understood how to keep them safe and to protect them from experiencing avoidable harm. Processes were in place that ensured if people were at risk of experiencing avoidable harm or abuse, the appropriate authorities were notified.

Where assessed risks to people's health and safety had been identified, regular reviews were carried out to ensure the support provided by staff reduced the risk to people's safety. This included ensuring people were protected from the risks within their own homes. People were free to lead their lives as they wished and there were no unnecessary restrictions placed on their freedom. Where people may present behaviours that may challenge others, guidance was in place for staff to support people safely and effectively.

The registered manager told us there had recently been a turnover of staff and efforts had been made to ensure the impact of this was minimal on the people they supported. People told us, in the majority of cases, they had a consistent team of staff who supported them and the staff normally arrived on time. One person described the staff as "a good team" who were "very reliable." Another person talked to us about punctuality and said, "you can set your clock by [staff member]." One person did provide feedback that the turnover of staff had meant they did not always get the staff member they expected.

Recruitment procedures were in place which were designed to ensure people were protected from unsuitable staff. We did note that new staff carried out a small number of shadow shifts prior to the results of their criminal record check being received. The registered manager agreed that although the risk this potentially placed on people's safety was low, they would amend this process to ensure all checks were in place prior to staff commencing their role.

People who received support from staff with their medicines told us staff always remembered to give them their medicines at the correct time, or, assisted them with taking their tablets at the right time. We noted a small number of medicines administration records (MAR), used to record when a person had taken or refused to take their medicine, had gaps. The registered manager assured us the review of MAR was now part of their in-depth quality assurance processes and staff would be reminded of the importance of ensuring all records were complete. Staff had received training on the safe administration of medicines and received on-going assessment of their competency. A staff member we spoke with confirmed this.

Staff had completed infection control training and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within people's homes and also ensured when people needed support with preparing meals, they were able to do so safely.

The registered manager had processes in place that ensured if an accident or incident occurred these were investigated and acted on to reduce the risk of reoccurrence. Where amendments to staff practice were

needed these were discussed during supervisions or team meetings.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. People's care and support was planned to ensure they were treated equally and without discrimination.

The majority of people we spoke with told us staff seemed well trained and knew how to support them. One person said, "I have complete confidence in them. They always seem to know what to do." Another person said, "They seem to be competent. If they are new they shadow someone first."

Staff had either completed or were in the process of completing the Care Certificate. The Care Certificate is a set of standards social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. A member of staff told us they felt well trained for the role they carried out and felt supported by the registered manager. Staff received supervision of their role and their performance was regularly monitored via 'spot-checks' carried out by the registered manager. Staff were encouraged to undertake external professional qualification such as diplomas (previously known as NVQs) in adult social care.

Some of the people we spoke with received support from staff with food preparation and they were pleased with the support they received. One person said, "They usually get my meal and then sit down and have a talk to me." Another person said, "I can choose what I have. Yesterday I had potatoes, bacon and peas. It was lovely. They make me a drink of coffee with my meal and ask me if I want another one. I am never thirsty." People's food preferences and food relevant to their health conditions, such as diabetes, were recorded within their care plans. A person told us staff were aware of and careful to prepare food they could and could not eat as a result of a health condition. The registered manager told us people's cultural needs in relation to food preferences were discussed with people when they started to use the service, but at the moment there were no people who required support with this.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. People's care records contained sufficient information that if they required care or treatment from other health or social care services the process would be smooth, cause minimal impact and disruption for people and would ensure their individual preferences were met. Where people required assistance with attending external healthcare appointments, and this formed part of their care package, the staff ensured people were able to visit their GP and dentists. One person said, "The staff might take me if I need to go to the doctors, dentists or optician."

The majority of people using the service were able to make decisions about their care and support for themselves. People told us they were not forced to do anything they did not want to do and the staff were keen to support them in the way they wanted. One person said, "They are usually very co-operative and eager to assist me in any particular task." Another person said "They always do what I want."

The registered manager had an awareness of their responsibility to ensure that people were supported to

make decisions for themselves and where they were unable, to ensure the principles of the Mental Capacity Act 2005 were adhered to. We noted a small number of people may benefit from a formal assessment of their ability to make a specific decision and the registered manager assured us this would take place. The staff we spoke with were confident that they ensured people were able to make their own choices and they respected and acted on their views.

Is the service caring?

Our findings

People spoke positively about the staff and told us they had a positive relationship with them. One person described the staff as, "Friendly, helpful, kind and caring." Another person said, "They are impeccable, I can't fault them." A third person said, "They really do care, especially with the small things."

People were treated with respect, were treated equally without discrimination and staff ensured people were enabled to communicate their needs effectively. Records showed staff had completed training in 'effective communication' and staff were able to explain how they supported people to express their views. One staff member said, "Some people have dementia, I give people the information they need and advice when they need it, to help them to make their views known and to make decisions."

People told us staff supported them in the way they preferred. People's care records contained detailed information about their daily routines, personal preferences and life history and staff spoken with could explain how they supported people. Staff were respectful of people's opinions and choices. People told us they felt able to discuss their care needs with staff and they had been involved with the setting up of their care plans. One person said, "The manager came and we discussed it. It was agreed." People's care records contained examples where people had signed their care plans to say they agreed with what had been put in place.

Information was available for people if they needed the support of an independent person, sometime known as an advocate, to speak on their behalf when decisions were made about their care. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us staff normally had the time to sit and to talk with them during their calls and people enjoyed this time. One person said, "The staff are nice, they are lovely, we can have a really good chat." Another person said, "Sometimes they have time to chat but not always. They could do with more time." The registered manager told us they tried to plan their rotas so that people were supported by staff who lived locally and did not have far to travel to their next call. They told us this then enabled staff to spend more time with people rather than having to feel like they had to rush their calls. The staff we spoke with confirmed this.

People told us they were treated with dignity and respect at all times. One person when describing receiving personal care from staff said, "I used to be worried about being embarrassed but I needn't have. It all went superbly." Another person said, "In no way am I made to feel like a silly old lady. In no way are they [staff] condescending." A third person said, "They make sure I am decent."

Staff spoke with empathy, understanding and discretion when we asked them about the people they supported. One staff member said, "Whether the call is for personal care, domestic or a social call, I make sure I treat people respectfully and with dignity."

People's care records were treated respectfully within the provider's office ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

People were supported to lead independent lives. One person told us the trips out into the community with staff were important in helping them maintain their independence. The person also told us staff offered them encouragement to mobilise independently around their home. Another person said, "I tell them what I can and can't do. They say, 'I'll leave you to do that while I do that. They say you are very independent aren't you?'" A relative praised the approach of staff with their family member's condition and told us their encouragement to regain their independence had benefitted their family member greatly.

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. People told us they felt able to give their views about the care and support needs.

People's individual needs and preferences had been taken into account when care was planned for them. Where people had a specific area of interest that could be met by a member of staff then rotas were planned, wherever possible, to enable that member of staff to be available to support them. The registered manager told us there were times when people had preferred members of staff they liked and this was accommodated whenever possible. People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

A small number of the people supported by the service had mental health needs. Staff could explain how they ensured those people were not discriminated against. The Accessible Information Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager's knowledge of this standard was limited; however, from speaking with them, they assured us that all people had the same access to information about their care as others.

People felt able to lead their lives in the way they wanted and some people were supported by staff to access activities both within their own home and within their local community. One person told us they were assisted to go out to the shops by staff and they said that these trips out were essential to their well-being. Another person told us a staff member had suggested they may like to visit a museum. This was arranged and they saw an art display which was one of their interests. The person also said, "It was at [the staff member's] suggestion. They said 'let's go and see what is happening'."

Technology was used to ensure that people received timely care and support. When staff arrived at a person's house they were able to 'log in' which then updated a monitoring system at the provider's office. The registered manager told us this system enabled them to monitor when staff arrived and left a person's house and helped them to ensure people received the allocated time for each call.

People told us they felt confident to raise a complaint although the majority of people told us they had not needed to. People told us they were aware of the process for making a complaint and said they would talk to a member of the care staff if they had a concern or complaint. They also told us if their concerns were serious, they would speak to the registered manager.

Where people had made a complaint, the majority of people were satisfied with the way they had been handled. People said the office staff were, in the majority of cases, positive and respectful of their wishes and accommodated and acted on their concerns appropriately.

We noted the provider's complaints policy did not contain the details of the local ombudsman (LO) The LO

are the final stage for complaints about adult social care providers where people feel their complaint has not been handled and responded to appropriately. The registered manager told us they would amend this.

Due to the type of service end of life care was not currently provided. However, the registered manager told us should there be a need to provide this type of care then training would immediately be arranged for staff.

Is the service well-led?

Our findings

People spoke highly about the quality of the service they received with the majority of people saying they would recommend it to others. One person said, "Jigsaw is wonderful. Everyone you get from Jigsaw is wonderful." A relative said, "In terms of reliability, three years ago it started very good. Then they had a shaky period, but now it's a lot better."

People and staff spoke positively about the registered manager. People described the registered manager as "helpful", "nice" and was someone they felt they could talk to. Staff spoken with agreed. One staff member said, "The manager has always made me feel welcome here. I feel valued and I seem to matter."

The provider ensured when staff started to work for the service they were informed of the aims and values and how they were expected to contribute to ensuring people received high quality care. Staff were provided with a 'staff handbook' which included a 'code of conduct' and explained the expectations on them to 'protect people's rights, build trust and promote independence'. The staff spoken with were aware of these values and could explain how they implemented in their role.

People told us they had been asked for their views about the care via a questionnaire but were unsure what happened after they had completed it. We viewed these questionnaires and saw the responses were in the main, positive. However, no formal analysis had been conducted and people had not been informed of the outcome. The registered manager acknowledged this should have been addressed and told us this would be completed. We noted staff were consulted when the provider had suggested changes to the uniform policy. The registered manager told us they tried to ensure staff views were requested and acted upon wherever possible.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Staff felt empowered to raise any concerns they may have about people's care or to raise areas where they felt the service could be developed or improved. The staff we spoke with praised the open and welcoming approach of the registered manager and the provider.

The registered manager led the service well and had a strong office based team to support them with their role. Staff were held accountable for their role, and regular spot checks of their performance were carried out, when improvements in performance were needed support was offered to the staff. The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding team.

The registered manager had the experience needed to manage the service effectively. They had the support

of the provider to ensure that people received a high standard of person centred care and support. They were continually seeking to expand their knowledge and expertise. They had attended locally run forums and groups where people from other adult social care services meet to discuss best practice. This also included attended training and forums organised by the local authority.

Quality assurance systems were in place to help drive continued improvements at the service. Audits included regular reviews of people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. The registered manager and the provider worked together to help continually improve the quality of the service provided for people.