

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

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 24 July 2018. We rated the service as "Requires Improvement". After that inspection we received complaints in relation to two people who were receiving personal care service at a supported living accommodation in Barnet. We also received information of concern from the local authority.

As a result of the information received, we undertook a focussed unannounced inspection on 1 March 2019. This report only covers our findings in relation to those topics and requirements we made in the last inspection report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chiltern Jigsaw Resource Centre on our website at www.cqc.org.uk

Chiltern Jigsaw Resource Centre is a supported living service for people with a learning disability or autistic spectrum disorder. This service provided care and support to people living in three 'supported living' settings, where people were supported to live as independently as possible. One of them was in Harrow and two were in Barnet. At the time of this inspection the service provided care for a total of 11 people.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Chiltern Jigsaw Resource Centre received a regulated activity; CQC only inspected 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.

At the last inspection we found one breach in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. The registered provider did not have an adequate system of comprehensive and regular quality monitoring checks and audits. This may put people at risk of harm or of not receiving appropriate care.

During this inspection in March 2019, we found that although improvements had been made and some deficient areas rectified, there were still some areas where further improvements are needed. Therefore, the service continues to be rated as "Requires Improvement" overall.

We looked at the arrangements for safeguarding people. The service had a safeguarding policy and a whistle blowing policy to ensure that people were protected from harm and abuse. Care workers we spoke with had been provided with training on safeguarding people and knew what action to take if they were aware that people were being abused.

There were arrangements for the administration of medicines. Medicine administration record charts (MAR) and the controlled drugs register had been properly completed. Medicine audits had been carried out. The

service had guidance for care workers on when they could administer as required medicines.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with neglect and behaviour which challenged the service. Care workers were aware of triggers that may cause people to be upset and action to take when people exhibited such behaviour.

There were sufficient care workers during the day shifts to attend to people's care needs. However, during the night shifts there were insufficient care workers to ensure the safety of people. This was rectified soon after the inspection.

With one exception, the premises were kept clean. One window sill in the bathroom was not clean. The new manager stated that it would be cleaned soon.

Checks and audits of the service had been carried out by the Operations and Business Development Manager and other senior staff of the company. Checks had been carried out weekly and these included checks of the premises, care records and medicines. Audits had been carried out monthly and these included areas such as accidents, complaints, medicines and health and safety arrangements. These had identified deficiencies and action had been taken to rectify them. We however, noted that these audits were not sufficiently effective as they did not identify and promptly rectify the deficiencies noted by us.

The service had a comprehensive action plan which addressed concerns raised by the local authority and in complaints received. A manager had been allocated for overseeing the care provided at the supported living accommodation where there had been concerns. In addition, the service had recruited a new quality monitoring 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?

Some aspects of the service were not safe.

There were arrangements to safeguard people and care workers were aware of action to take if they suspected that a person had been abused. However, there had been safeguarding concerns and the service had experienced difficulties in caring for a small number of people with behaviour which challenged the service.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The service did not have sufficient numbers of care workers on the night shift. This was rectified soon after the inspection when an additional care worker was provided.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well led.

Audits and checks of the service had been carried out by the service. These were not sufficiently effective as the checks failed to identify and rectify certain deficiencies noted by us and the local authority.

However, there was a comprehensive action plan in place. Appropriate action had been taken and this included the appointment of new staff to manage the service and monitor the quality of the care provided.

Requires Improvement ●

Chiltern Jigsaw Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 1 March 2019 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the service. This included notifications from the service and reports provided by the local authority.

The provider had completed a Provider Information Return (PIR) in 2018. However, this had not been updated as this inspection was arranged at short notice. The PIR 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. The PIR also provides data about the organisation and service.

The service provided care and support to people living in the three supported living schemes. We visited two of them and spoke with two people who used the service. The two people concerned only provided limited feedback regarding the care provided. We also spoke with the registered manager, the new manager, the Operations and Business Development Manager, the quality monitoring manager and six care workers. We observed care and support in communal areas and also visited people's bedrooms with their agreement. We obtained further feedback from three care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people and this included their medicine administration record (MAR) charts, risk assessments, financial records and care plans. We checked the audits and some policies and procedures.

Is the service safe?

Our findings

There were arrangements for the administration of medicines. The service had a medicines administration policy and care workers had received training in the administration of medicines. We examined four Medicine administration record charts (MAR). These had been properly completed with no gaps. This provided a level of assurance that people were receiving their medicines safely and as prescribed. Medicine audits had been carried out. The service had a protocol with guidance for care workers on when they could administer as required medicines (PRN). These as required medicines could be administered when people had behaviour which challenged the service. Care workers informed us that they would first use behavioural techniques before administering such medicines. We checked the MAR charts and noted that such medicines were rarely used.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with neglect and behaviour which challenged the service. Care workers were aware of triggers that may cause people to be upset and action to take when people exhibited such behaviour. The care plans of people contained guidance to care workers on signs to be aware of when people were upset. We noted that the knife drawer in the kitchen of one of the units we visited had not been locked. This drawer should have been locked since access to the knives in the drawer by some people who used the service may put people and care workers at risk. The new manager agreed that they would ensure that the drawer was locked when not in use.

Care workers had received training in the management of people with behaviour which challenged the service. Most of them had level two or higher training in Non-Abusive Psychological and Physical Intervention (NAPPI). This was confirmed by care workers we spoke with. In addition, a psychologist had visited the service weekly to meet with care workers and assist them with care planning and to analyse incidents which may have occurred.

We checked staffing levels of the service. There were sufficient care workers during the day shifts to attend to people's care needs. During the day shifts there was a manager and four or five care workers on duty. Additional care workers were provided to accompany people for activities in the community. However, during the night shifts of one of the units we visited, there were only two care workers on duty. Some care workers at this unit told us that this may not be sufficient since people there had behaviour which challenged the service and additional care staff were needed if this occurred during the night. This was discussed with the registered manager who agreed to increase the night staffing levels. We were informed soon after the inspection that an additional care worker was provided for the night shifts.

We noted that there had been complaints that the premises had not been fully cleaned. The registered manager informed us that the premises had been steam cleaned recently. We visited the communal areas and people's bedrooms with their permission. With one exception, the premises were kept clean. One window sill in the bathroom was not clean. The new manager stated that it would be cleaned soon.

We examined the financial records of four people. These were well maintained. The running total was

accurate and receipts had been obtained. We however, noted that there were no financial care plans for two people. The manager agreed to have these prepared. We were informed after the inspection by the Operations and Business Development Manager that financial support plans had already been prepared and although not seen during the inspection, they were stored on computer.

Is the service well-led?

Our findings

At our last comprehensive inspection on 24 July 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. We noted that the registered provider did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection we found that improvements had been made. However, we found that further improvements were still required.

Checks and audits of the service had been carried out. These were done by the Operations and Business Development Manager and other senior staff of the company. Checks had been carried out weekly and these included checks of the premises, care records and medicines. Audits had been carried out monthly and these included areas such as accidents, financial transaction sheets, meals provided, cleanliness and daily record logs of people's progress. These had identified deficiencies and action had been taken to rectify them.

We noted that the checks and audits were not sufficiently effective as they did not identify and promptly rectify some deficiencies noted by us and officers of the local authority. These deficiencies included a kitchen knife drawer which was not locked, insufficient care workers on the night shifts, slow response to request for information and the bathroom window sill which was dirty.

The registered manager provided us with a comprehensive action plan which addressed concerns raised by the local authority and in complaints received. This included monthly reviews of risk assessments and care arrangements, ensuring that staff had the necessary training and having an on-call rota of staff for emergency cover. A manager had been allocated for overseeing the care provided at the supported living accommodation where there had been concerns. In addition, the service had recruited a new quality monitoring manager. The new manager also informed us that she would be meeting regularly with relatives to listen to their concerns and update them regarding people's progress. In addition, we noted that senior managers had attended meetings with us and the local authority to discuss concerns and review progress.