

Jigsaw Creative Care Limited

Jigsaw Creative Care Limited - 77 Russell Street

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 - 77 Russell Street is a respite care service. It can provide accommodation and personal care for up to 3 people at any one time. 10 people used the service at different times. On the day of the inspection 2 people were using the respite service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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

People were put at increased risk of fire. During the inspection we found risks relating to fire safety had not been adequately mitigated. People using the service did not have access to the garden, however, actions were taken by the management team after the inspection to ensure people had access to the garden. There was no cleaning schedule for the entire property and protocols were not in place for cleaning bedrooms in between respite stays.

Care plans were individualised and contained a comprehensive assessment of people's needs and abilities.

Right Care:

Medicine administration records were not always fully completed.

Safeguarding policies and procedures were in place, and staff knew how to report any concerns. Staff received training in safeguarding adults and children.

Right Support:

People were supported by staff who knew them well. Relatives told us and we observed, staff respected people and treated them with dignity and compassion. People were supported to maintain their privacy and promoted their independence. The service had training appropriate to staff roles, this included training in learning disabilities and autism and positive behaviour support.

People were supported to access the community; partake in activities they enjoyed and socialise with peers. Staff at the service knew how to communicate with people effectively to ensure people's views were heard and respected.

Right Culture:

Systems and processes did not always effectively ensure good oversight of the service. Audits had not always identified the areas that required improving found on inspection.

Complaints procedures were in place. Staff and relatives told us they knew how to complain, however there had been no complaints raised.

The management team were open and transparent throughout the inspection process. Feedback from relatives was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated good in all domains. At this inspection we found the rating for the domains of safe and well led was requires improvement with the overall rating for the service now being requirements improvement.

Why we inspected

The inspection was prompted by the length of time since we had last inspected. We undertook a focused inspection to review the key questions of safe and well-led only. During the inspection we found concerns relating to premises and documentation within people's care files, so we widened the scope of the inspection to include effective, caring and responsive.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance. We have made a recommendation in relation to recruitment. Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Jigsaw Creative Care Limited - 77 Russell Street

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Jigsaw Creative Care Limited - 77 Russell Street is a 'care home' and respite care service. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We observed people receiving care and support. We spoke with 3 relatives. We spoke with 8 members of staff, including the registered manager. We reviewed a range of records including 2 people's care records and 3 medicines records. We looked at 4 staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
- The service only had a cleaning schedule for the kitchen and dining area, which was actioned by waking night staff. There was no cleaning schedule for the rest of the property and for cleaning of rooms between respite stays.
- There was a notable amount of dust in the front bedroom from previous maintenance work which had recently been completed. On the second day of the inspection, a person has been admitted to the room, and the dust was still present. There was a notable amount of dirt found on the skirting boards along the stairs.
- The bathroom downstairs was dirty and had no hand soap. When this was raised with the manager, staff immediately put soap in the bathroom. The bathroom also had a cloth towel, when raised with the manager this was immediately removed. All other hand washing facilities on the premises had hand wash available.

Systems were not robust enough to prevent and control the spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection, the registered manager implemented a new handover sheet which captured the cleaning of all rooms daily.

Assessing risk, safety monitoring and management

- Risks relating to fire safety had not been adequately assessed and mitigated placing people at increased risk of harm.
- The provider's fire risk assessments had been completed in 2019, however there had been no review of the risk assessment since. This meant the provider and registered manager could not be assured the risk assessment was up to date and accurate. When this was raised with the senior manager, they arranged for a fire alarm and emergency lighting inspection to be carried out.
- Fire extinguisher servicing was out of date. This meant the registered manager and provider could not be assured the extinguishers would be effective if required in a fire. We raised this with a senior manager who arranged for a service.
- We found 1 fire door was propped open with a screwdriver and raised our concern with the registered manager, who immediately removed it.
- Radiators did not have protective covers and risk assessments were not in place to mitigate the risk of burning from radiators. On the second day of the inspection, we found protective coverings had been

installed to all radiators.

Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place which identified their individual care and support needs and staff knew people well.

Staffing and recruitment

- The provider did not always operate safe recruitment processes.
- We reviewed 4 staff files. We found 1 staff member did not have a reference from a previous role involving working with children or vulnerable adults.
- The provider took immediate action to address our concern by requesting the outstanding reference.

We recommend the provider ensure satisfactory evidence of conduct and verification for leaving previous roles working with children and vulnerable adults are reviewed during the recruitment process.

Using medicines safely

- There was no evidence there had been any errors in the administration of people's medicines however, documents relating to medicines were not always complete and did not always identify issues that we found during inspection.
- There was no recorded monitoring of temperatures in the medicines room. This meant the service could not ensure people's medicines remained viable throughout the year due to potential incorrect storage. However, after the inspection the registered manager implemented the recording of daily monitoring of temperature testing.
- 2 people's allergy status were left blank on their medicines administration records. This was not in line with the provider's policy. This meant support staff could not be assured of people's allergies prior to administration of medication.
- We found 2 people's medicine administration records had blank start and end dates. This meant it was unclear which medicine administration records were in use. This increased the risk of medicines errors.
- After the inspection the registered manager implemented a new 7-day cycle medicines administration record to minimise the risk associated with a 28-day cycle record.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and demonstrated an understanding of how to recognise and report abuse.
- People's relatives told us they felt their loved ones were safe using the service. Comments included, "I feel like he is safe" and, "She always seems well looked after."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The management team told us there had been 1 incident at the service. We reviewed the investigation into the incident and found the management team documented lessons learned to mitigate the risk of recurrence.
- One relative told us their loved one has continuous bruising due to their condition. They told us the service thoroughly investigates any bruises that appear abnormal.

Is the service effective?

Our findings

Effective - At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- During the inspection we found the garden was not available for people using the service. After the inspection, the management team refurbished the garden so when people used the service, they had access to it.
- Observations during the inspection noted the premises was tired and in need of redecoration. However, the management team were actively working to enhance the appearance of the property and were in negotiations with the landlord regarding the redecoration of the property.
- People's individual preferences were considered in relation to which rooms they stayed in. Staff were aware of people's sensory needs in relation to the environment and made adaptations such as changing the lighting.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support.
- Not all staff were up to date with training at the time of the inspection. We raised our concern with the registered manager who took immediate action to rectify.
- During inspection staff were observed to be knowledgeable of people's needs. Feedback from relatives confirmed this. One relative told us, "All the staff that have been involved with [Person] have been brilliant" and, "The care has been exemplary there."
- Since November 2022 service providers must ensure staff receive training on learning disability and autism which is appropriate to their role. Staff received a wide range of training during their induction. This included training in learning disabilities and autism and positive behavioural support.
- Staff received regular supervisions and debriefing sessions after behavioural related incidents to identify areas of achievements and learning.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- People received care and support which was centred around their needs, choices and decisions. Care plans were individualised and reflected people's current needs, preferences, and daily routines.
- Care plans included information about people's positive attributes and the support they needed to attain their identified goals. This helped convey an overall picture of the person and who they were as an individual to support staff to deliver personalised care.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's care files clearly detailed their eating and drinking needs and included their likes and dislikes.

- During the inspection we observed people's mealtime experiences. People were offered choices and chose how and where they enjoyed their meals.
- Where possible, people were supported with preparing and cooking their own meals, and people were supported and encouraged to go shopping to choose what they wanted to eat.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Care plans specified the support people needed to live healthier lives, which included goals and outcomes.
- The management team and relatives we spoke with told us they work closely with health professionals to ensure people receive the appropriate care.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- The provider was working in line with the Mental Capacity Act.
- All staff completed training in the MCA and understood how to support people in line with the Act.
- People's rights to make their own decisions were respected and people were in control of their support.
- Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff recorded whether people had capacity to consent to having care and support, and if they required support to make decisions.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were well supported.
- People's care plans were person-centred and contain information pertaining to their protected characteristics and any associated needs, abilities, and goals. This information guided staff on how to support people in ways they chose to be supported.
- Staff were observed supporting people in a way that was sensitive to their needs and boundaries.
- Relatives spoke positively about staff. One relative told us, "They have been fantastic, the staff are brilliant, and they're consistent."

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

- People were supported to express their views and make decisions about their care.
- Care plans were created using input from people or their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.
- Relative's views on the support received was regularly sought, and relatives were kept updated through individualised communication books and pictures taken of people while at the service.
- One relative told us, "We have a communication book and they always give me an in-depth overview of what's gone on."
- Relatives told us people's decisions were respected. One relative told us, "They won't force him to not do anything he is not comfortable doing."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the home.
- Staff were observed respecting people's privacy through knocking on their doors before entering.
- People's care plans contained goals and guidance for staff to encourage people's independence.
- Relatives we spoke to were happy with the care people received, 1 relative told us, "They are very understanding about everything" and, "[Person] is always happy to see them, he is very relaxed with them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Personalised care plans were in place and were based on a full assessment, with information gathered from people and their relatives.
- Care plans included information about people's medical needs, backgrounds, social need, personalities, and preferences. This also included guidance for staff on how to promote people's independence and encourage positive risk taking.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards.
- People's communication needs were understood and supported.
- People's care plans contained specific information about people's communication needs. These were followed up with detailed instructions for staff to support people to express themselves.
- Relatives told us staff at the service communicated well with people. One relative told us, "They really understand his unique ability to communicate, he is heard there."

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

- People were supported to maintain relationships, follow their interests, and take part in activities which were relevant to them.
- The service planned activities for people based on their preferences and goals. Examples included going to the cinema, attending discos, going to the park, and cycling.
- At the time of the inspection, the management team told us they were working closely with the local swimming pool to reintroduce swimming sessions for people.
- People were encouraged to participate in activities. However, their wishes were respected when they chose not to take part.
- One relative told us, "They are doing everything they can to enrich [Person's] life, they opened up his world to different things and help him open up to different peer groups."

Improving care quality in response to complaints or concerns

- People and relative's feedback were listened and responded to and used to improve the quality of care.
- There had been no complaints about the service at the time of the inspection.
- Relatives we spoke to knew how to raise a complaint or concern but told us they had never needed to.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems were not always effectively managed to ensure compliance with the fundamental standards.
- Medicines audits undertaken by the registered manager had not identified errors that we found.
- Audits had failed to ensure fire safety arrangements were robust, placing people at increased risk of harm.
- Audits of the environment had failed to identify staff were not consistently following safe infection prevention and control practices placing people at increased risk of harm.
- Audits had failed to identify radiators were not covered which placed people at risk.
- The service did not have a streamlined process to store and retrieve information. Records relating to people's care and staff training were not always accessible to staff. The registered manager was absent for part of the inspection and although they were able to access records on their return, there was no system or process to ensure records were accessible in their absence. This meant the necessary information about peoples care and treatment and staff training compliance were not always available.

The provider failed to ensure adequate systems and processes were established and operating effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff knew people they supported well and worked collaboratively with healthcare professionals.
- Staff meeting minutes showed staff had the opportunity to raise concerns. Feedback from staff was mostly positive, however, 1 staff member told us the service did not always take suggestions from staff seriously.

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 provider and registered manager understood their responsibilities under the duty of candour.
- The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

- The management team demonstrated openness and transparency throughout the inspection process.
- Relatives we spoke with described a positive and close working relationship with the management team. One relative told us, "Communication is very, very good."

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- The service had an inclusion and diversity policy and staff received training in equality, diversity, and human rights.
- People's care plans identified people's cultural and religious backgrounds.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Regulation 12(2)(b)(d)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. Regulation 17 (1)(2)(a)(b)(c)