

Penrose Options

Jigsaw Project

Inspection report

2a Winterstoke, Road, Catford, London, SE6 4UG
Tel: 020 8690 4668
Website: www.penrose.org.uk

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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 

Overall summary

Jigsaw Project provides outreach, recovery and rehabilitation support for people with complex mental health needs living in the community. The service is registered with the Care Quality Commission (CQC) to provide treatment of disease, disorder or injury. At the time of our inspection 30 people were using the service, including six people who were residing at the project's supported living scheme. The service is commissioned by a local NHS Mental Health Trust.

This inspection took place on 9 January 2015 and was unannounced. At our previous inspection on 24 May 2013 the service met the regulations inspected.

The service had a registered manager in post as required. A registered manager is a person who has registered with

the Care Quality Commission 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 manager had recently been promoted to the position of business manager and was fulfilling the role of Registered Manager at the time of our inspection. The new service manager was in the process of registering as the registered manager with the CQC.

The service assessed people's support needs and identified any risks to the safety of the person or others. Plans were developed to manage any risks identified and to support people to achieve their short and long term

Summary of findings

goals. The service discussed any changes in a person's mental health or behaviour with their community mental health team to ensure the person received the support they required.

People were involved in decisions about their care. People had meetings with staff to review their support needs and the progress they had made. This was assessed and recorded through completion of the 'recovery star' (a recognised tool to plan care and support people recovering from mental illness). People's recovery stars were used by the service to structure and prioritise the support provided.

Staff obtained information about the person during the assessment phase to ensure they had all the information required to provide a personalised service in line with the person's wishes.

Medicines were securely stored at the service. People received the support required to ensure they took their medicines safely in line with their prescription.

Staff were supported to develop their skills and knowledge to meet people's needs. They attended training courses, received managerial and clinical supervision and participated in reflective practice sessions. Staff discussed their learning and development needs during one to one meetings with their manager and action was taken to address any gaps in their knowledge.

The manager of the service reviewed the quality of the service provided and took action to address any areas requiring improvement. Reports were provided to the senior management team so they were aware of current service provision and the action that had been taken to address any concerns, complaints or incidents.

Summary of findings

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 safe. Risk management plans identified any risks to the person and others. Staff were knowledgeable about the risks people presented and any triggers to dangerous or violent behaviour. The provider ensured there were enough staff to safely meet people's needs and ensure the safety of the staff team.

Medicines were securely stored and administered in line with people's prescriptions. People were supported to become independent and to safely self-administer their medicines.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to support people using the service. This was obtained through attendance at training courses and discussion at clinical supervision and reflective practice sessions.

Staff understood and put into practice the requirements of the Mental Capacity Act 2005.

The service worked with the community mental health team to ensure people received the support they required with their mental health. Staff were able to recognise signs that a person's mental health was deteriorating and liaised with their care co-ordinator as required.

Good



Is the service caring?

The service was caring. There were good working relationships between people and staff. People found staff to be approachable and that they listened to them. Staff knew people's preferences and provided a personalised service.

Staff were respectful of people's wishes and people were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive. Individually tailored support plans were available. These included information about people's support needs in relation to their physical health, mental health and daily living skills. Care records also contained information about people's short and long term goals and staff supported people to achieve them.

The service regularly asked people for their opinion about the service and the support they received. This was obtained through a 'service user's council' and completion of satisfaction surveys. There was a process for recording and responding to complaints.

Good



Is the service well-led?

The service was well-led. Clear management structures were in place and staff told us the service provided a supportive environment with good team working. They said they felt comfortable speaking with their manager if they had any concerns or suggestions about how to improve the service.

The manager and senior management team regularly reviewed information about the service and the support people received to ensure a high quality service was being delivered.

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 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.

This inspection took place on 9 January 2015 and was unannounced. One inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service.

We undertook the inspection at the service's office, which was on the same site as the flats used for the supported

living scheme. During the inspection we spoke with three support workers, the service manager and the business manager. We spoke with two people using the service. We reviewed five people's care records. We reviewed six people's medicine administration records, the training records for the team, and records relating to the management of the service including staff supervision records and incident reports.

After the inspection we contacted representatives from the two community mental health teams that referred people to the service.

We asked the provider to send us additional information after the inspection relating to the management of the service, and we received this.

Is the service safe?

Our findings

People told us they felt safe using the service. The manager assessed the risks people presented to themselves and others. Staff then developed plans to manage these risks and keep people safe and protect the safety of staff and the community. A representative from the community mental health team (CMHT) told us, “They [the staff] are good at assessing risk and recognising the presence of risk factors or relapse indicators.” They told us the staff contacted the team if there were any concerns about the risks people presented to themselves or others. Staff reviewed people’s risk assessments to ensure they incorporated any changes in the person’s risk behaviour, including the risk of them reoffending, so support could be tailored to people’s needs.

There was a process to record incidents that occurred at the service and staff were encouraged to report all incidents. The manager of the service reviewed all incident reports and escalated the concerns to the senior management team and the person’s care co-ordinator (a dedicated person from the CMHT who supported them with their mental health) as appropriate to ensure required action was taken to reduce the risk recurring.

The service was staffed seven days a week during the day and early evening. Outside of these times, a phone service was available so people were able to access staff if they needed support late in the evenings or during the night, including requesting staff to come and visit them in person, for example, if they needed support with their medicines. During office hours there were always two staff members available in the office for people to access as well as additional staff on duty undertaking home visits and supporting people to access appointments in the community. The number of staff on duty on each shift depended on the needs of people using the service. One person using the service told us, “There’s always someone

around to talk to...you don’t have to be alone if you don’t want to.” Another person told us, “They [the staff] are always ready to help. They’re there for you any time of the day.” Both people were aware of how to contact staff outside of office hours, and one person who had used the system told us it was easy to use and “you can always reach them [the staff].”

Staff were aware of safeguarding reporting procedures. Any concerns about a person’s safety were discussed with the manager of the service and the person’s care co-ordinator from the CMHT. If required, concerns were discussed directly with the local safeguarding team to ensure appropriate action could be taken to protect a person’s safety.

The service assessed people’s support needs in regards to medicines management. For people that were unable to safely manage their own medicines, the service managed them for them. This included ensuring they were safely stored at the service’s office. All medicines stored at the service were kept securely. Staff checked medicine stocks weekly to ensure the appropriate amount of medicines were kept at the service and to check that people had received their medicines in line with their prescription. We viewed six people’s medicines administration records and they showed people had received their medicines as required. We checked the stocks of medicines kept at the service for two people and these corresponded to the balance recorded in people’s medicine records.

People were supported at their own pace to become independent and manage their own medicines. Staff went to support people in their own homes with their medicines. If people were not in when staff came to visit them, a note was left for the person to get in contact so staff could revisit them to ensure they took their medicines as prescribed. Staff continued to contact the person until they were able to ensure they took their medicines safely.

Is the service effective?

Our findings

A representative from the community mental health team (CMHT) told us the staff were “very helpful and professional.” Staff received regular training to ensure they had the knowledge and skills to support people using the service. Staff’s training needs were discussed during supervision sessions with their manager. Staff had attended regular training on core subjects including fire safety, data protection, safeguarding, managing risk and managing dangerous behaviour. Staff attended additional training depending on the needs of the people they were supporting, including different therapeutic approaches, such as cognitive behavioural therapy.

In addition to the managerial supervision provided, staff had access to clinical supervision and reflective practice to further their skills and knowledge about how to support people using the service. Clinical supervision was provided by a member of the CMHT and could be requested on an as needed basis. Reflective practice was held at the service and all staff members were invited to attend. This gave staff the opportunity to reflect on the support they provided people and to discuss as a team whether there were any ways to further improve the support provided. This helped to increase staff’s knowledge and ensure people got appropriate support.

Staff we spoke with were knowledgeable about the Mental Health Act (MHA) 1983 and the Mental Capacity Act 2005. People using the service at the time of our inspection had

the capacity to consent to the care and support provided by the service, and they were involved in decisions about their care. Staff were aware of who was subject to a section under the MHA and which restrictions were in place. Staff informed the person’s care co-ordinator if there were concerns that the person was not adhering to their section.

People managed their own physical health care. Staff supported people to register with a local GP practice when they started using the service and staff were available to accompany people to healthcare appointments at a person’s request.

Staff worked closely with the CMHT to ensure people received the support they required with their mental health. A representative from the CMHT told us staff liaised with them about people’s needs. Weekly surgeries were held at the service’s offices for people to have one to one meetings with their psychiatrist. The person’s key worker also attended these meetings to ensure any actions identified were implemented. On the day of our inspection one of the care co-ordinators came to the office to discuss with staff people’s progress before going to meet with them to ensure they had the latest information about people’s health needs. Staff were knowledgeable in recognising signs and symptoms that a person’s mental health may be deteriorating and supported the person to get the required help.

People using the service managed their own diets and mealtimes and therefore we did not inspect this regulation.

Is the service caring?

Our findings

People told us they had good relationships with staff. One person described the staff as “respectful” and “courteous.” They also told us, “The staff are good people. They listen to you.” People said the staff were approachable and they found them easy to talk with.

Staff told us they worked on building a trusting relationship with people. One staff member told us, “The main thing is trust... we need to build trust.” They said they achieved this by being open with the people they were supporting, being clear about what support they could provide and ensuring there was clear communication using appropriate language.

Staff said they took the time to get to know each person, including their culture, religion and background, in order to be able to provide a personalised service in line with people’s wishes and values. One staff member told us, “We [the staff] treat people as an individual ...everyone is unique.” Information about a person was recorded on their care records including their ethnic origin, religion and sexuality. Information was also provided about a person’s interests and preferences, including their preferred name. This ensured staff had the information to be able to provide a service tailored to the individual.

Staff respected a person’s privacy and did not enter their homes without their permission. One person told us that

staff had been to their flat to assess whether they needed any support with daily living skills, but that the staff member had asked permission and they had agreed before the visit took place. They told us the staff gave them space when they needed it.

People were involved in all decisions about the care and support they received. One person told us, “We decide together how to go forward. They [the staff] expect you to contribute to your care.” People were referred to the service by the community mental health team (CMHT). People were involved in discussions with the manager of the service and their care co-ordinator as to whether they wanted to receive the support provided by the service. People were involved in the development of their risk management and support plans. People’s views on the service they received were regularly sought during meetings with their key worker and they were able to identify if any additional support was required, or if they felt able to manage some of their care themselves and become more independent. For example, if a person wished to self-medicate, discussions were held with the person as to how this could be achieved safely.

Staff were knowledgeable about the data protection act and ensured that information about people, their mental health and their support needs was kept confidential. Information was only shared with other professionals involved in a person’s care, and with the person’s prior agreement.

Is the service responsive?

Our findings

Assessments were undertaken at the point of referral to identify whether the service was suitable and able to meet a person's support needs. A staff member was allocated to be the person's key worker once a referral was accepted, and kept in contact with the person until the starting engaging in the service. This enabled the person to get to know the staff that would be supporting them, and allowed staff to get to know the person and become familiar with their support needs.

A representative from the community mental health team (CMHT) told us, "I find them [the staff] to provide an excellent service which is very supportive, sensitive and reliable." Each person had an individually tailored recovery support plan. This plan was developed through discussions with the referring agency and the person using the service. The service used the 'recovery star', a recognised tool for supporting people with mental health needs in the community. The 'recovery star' enabled people's support plans to be structured around all aspects of their life and enable staff to prioritise the support provided. The 'recovery star' provides a structure to review people's needs including their mental health, physical health, education/employment, relationships and living skills. One staff member told us, "[Staff] tailor support depending on people's needs and review targets as people progress." We saw that people and staff had individually rated where they felt they were on the 'recovery star' topics and identified what areas they felt they required most support. The staff and the person had a discussion if there were differences in the rating given to come to a jointly agreed rating. Short term and long term goals were identified to support the person to make progress and achieve a more independent lifestyle. The care records we saw showed that four of the people were making progress towards their goals, for example being more independent with medicines management, and having greater insight into their illness and relapse indicators. When a person had not progressed as planned staff supported them to understand why and put additional support plans in place to help the person achieve their wishes, including arranging meetings with their psychiatrist if there were concerns about their medicines prescriptions.

Each person was allocated a key worker and a link worker from the staff team to provide them with one to one

support. Regular meetings were held between people and their key worker to discuss their support needs and go through their recovery plan. These discussions were recorded in people's care records and allowed staff to track people's progress and review previous actions to ensure they were completed. The key worker also helped the person to coordinate any healthcare appointments.

People were supported by staff to attend 'Care Programme Approach' meetings with the CMHT. Before these meetings the person's key worker met with them to produce a report outlining the person's health needs, any progress made and any current concerns or additional support required. These reports were written with the person's participation. This ensured the report reflected the person's needs and the person was clear about what information was being shared with the other professionals involved in their care. It also gave the person the opportunity to include any additional information they wished to share.

People were encouraged to develop their skills, this included supporting people to participate in training and education. People were also supported to take part in voluntary employment and some people were employed by the provider to undertake cleaning and maintenance work. The service supported people to engage in activities, community groups and social events. For example peer support trips were organised at a bowling centre. The service organised holidays and trips abroad for people that wished to attend.

People using the service were able to describe the process of how to make a complaint. Both people we spoke with told us they had not needed to make a complaint since using the service. The staff were clear about the complaints process. People had access to staff at all times and were supported to make a complaint if they wished to. People were given the option of making a formal complaint and they were supported to put their concerns in writing so the management team could ensure appropriate investigations were undertaken. If people did not wish to make a formal complaint, the staff recorded their concerns as an informal complaint. This information was provided to the management team so they could ensure action was taken to address their concerns and to identify any trends or patterns in the nature of concerns raised. At the time of our inspection no formal complaints had been made in the last year and all informal complaints had been addressed.

Is the service responsive?

Each year, people using the service were asked to complete a satisfaction questionnaire to provide feedback about the service they received. We viewed the 2014 questionnaire findings. The feedback received was positive and people were satisfied with the service they received. People felt they were supported to regain their independence, were supported with their medicines, and felt involved in developing their recovery plan.

One person from the service was part of the provider's 'service user council'. This group enabled representatives from all of the provider's services to meet with the executive team and discuss any concerns they had about the service on behalf of people living there and to make suggestions as to how the service could improve.

Is the service well-led?

Our findings

There was a clear management structure in place which all staff were aware of. Staff told us they felt comfortable speaking to their manager and members of the senior management team, including board members. Staff said members of the senior management team and the board came regularly to visit the service and attend team meetings. This enabled senior managers to have detailed knowledge of the service and gather the views of staff about service provision and staff satisfaction. Team meetings were held monthly which gave staff the opportunity to discuss service provision and raise any concerns or comments they had about the service, in order to make any necessary changes to improve the quality of the service, for example, the service was looking at how to improve lone working arrangements. Staff told us there was open and transparent communication within the staff team and with the senior management team. They told us they had a “manager that listens.” They said their manager empowered team members and they felt valued being involved in the assessment process and writing people’s support plans.

Staff had supervision sessions with their manager every six weeks to discuss their performance and the support they provided to people. The supervisor reviewed people’s support plans and risk management plans to ensure records were up to date and accurately reflected people’s current needs. They also checked that people’s progress was mapped on their ‘recovery star’. We saw that where improvements were identified clear actions were put in place to ensure the necessary action was completed.

Staff’s safety was considered whilst they were supporting people in the community, and lone working risk plans were available to identify the risks to staff and how they were to be mitigated. Staff informed the office when they arrived at a person’s home and when they left. The office contacted

staff if they had not heard from them at expected times, so that appropriate action could be taken to check on their safety. Two staff attended appointments to support people who were assessed as at higher risk of presenting violent or dangerous behaviour.

Data was provided to the senior management team monthly about the service and the progress people were making. This included reviewing the number of people participating in education, voluntary or paid employment. It also reviewed reoffending rates and hospital readmissions. Between July and December 2014 no-one had reoffended and there were no unplanned admissions to hospital.

Monthly meetings were held with the community mental health team to review the support provided to people and to discuss any changes in people’s behaviour or mental health needs. These meetings were also used to discuss new referrals and to identify people who were ready to move to more independent living.

The managers across the provider’s services met regularly to discuss their services, provide peer support and discuss any changes or new legislation that affected the service delivered. The manager of the service provided weekly reports to their line manager so any concerns or performance issues could be discussed and addressed by the provider’s executive team. The manager also provided reports of any complaints received or incidents that occurred so they could be analysed for trends, and this information was fed back to the staff team so any learning could be implemented. The service’s performance was also reported to the provider’s board of trustees.

The service was aware of the requirements of their registration with the Care Quality Commission and adhered to the conditions of their registration. In the last year there had been no incidents that required notifying to the Care Quality Commission.