Chiltern Support & Housing Ltd

Chiltern Jigsaw Resource Centre

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

We undertook this announced inspection on 24 and 25 July 2018. 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 four 'supported living' settings, where people were supported to live as independently as possible. One of them was in Harrow and three were in Barnet. At the time of this inspection the service provided care for a total of 15 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service were supported to live as ordinary a life as any citizen.

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

At our last comprehensive inspection on 16 and 18 May 2017 we rated the service as "Good". We however, made a recommendation for improvements in quality monitoring in Well Led. During this inspection, we noted that the service did not have evidence of comprehensive and regular quality monitoring of the care provided. As a consequence some deficiencies were not identified and promptly responded to. This may put people at risk of harm or of not receiving appropriate care. We have therefore made a requirement in respect of this deficiency. Careful quality monitoring is essential to ensure that the service is well managed and deficiencies can be promptly attended to.

People who used the service informed us that they were satisfied with the care and services provided. They stated that they had been treated with respect and felt safe with care workers. There was a safeguarding adults' policy and suitable arrangements for safeguarding people. The service kept a record of safeguarding incidents and had co-operated with the safeguarding investigations in ensuring the protection of people. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Potential risks to people had been assessed and strategies were in place to mitigate against these risks. Personal emergency and evacuation plans (PEEPs) were prepared for people. This ensured that care

workers were aware of action to take to ensure the safety of people in an emergency.

Infection control measures were in place. Care workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy. The service kept a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, fire training and risk assessments.

Care workers were carefully recruited. There was a recruitment procedure and staff records contained evidence that essential checks had been carried out prior to care workers starting work. There were enough care workers deployed to meet people's needs. They had received essential training and were knowledgeable regarding the needs of people. Care workers had been provided with support and supervision.

An incident had occurred in which a care worker an injury. This had not been promptly reported to the Health & Safety Executive (HSE) in accordance with the Reporting of Injuries, Death and Dangerous Occurrences Regulations. Failure to do this may adversely affect the care provided for people. This was done soon after the inspection.

People's healthcare needs were monitored and arrangements made for these needs to be attended to by healthcare professionals when required. The service had arrangements for assisting people with their dietary needs.

Meetings had been held where people or their representatives had opportunity to express their views and experiences regarding the care provided. The choices and preferences of people had been responded to. Care workers prepared appropriate and informative care plans which involved people and their representatives. The care provided had been reviewed with people and their representatives to ensure the changing needs of people were met. People had access to suitable activities in the community. This ensured that they received social and mental stimulation. Feedback received indicated that the service had been able to work with people with very complex needs and assist them in improving their mental state and general well-being.

The service had a complaints procedure. People and their representatives knew who to complain to if they had concerns. Two complaints did not contain the date they were received. The registered manager explained that they were received on the same day they were responded to.

People who used the service, relatives and care workers expressed confidence in the management of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. One incident involving injury to a care worker had not been reported to the HSE. A risk assessment had not been documented for a person who smoked.

Care workers were carefully recruited and the required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The service had arrangements for infection control.

Is the service effective?

Good

The service was effective. Care workers had been provided with essential training and support to do their work.

There were arrangements for staff supervision and appraisals.

Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

Written consent had not been obtained regarding an item of expenditure and the registered manager stated that this would be obtained.

Is the service caring?

Good

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people.

The service ensured equality and promoted diversity. The individual preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good

The service was responsive. Care plans together with strategies for assisting people were up to date and addressed people's individual needs and choices. Reviews of care took place with people and their representatives.

People and their relatives knew how to complain. Complaints recorded had been responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The service did not have regular and comprehensive audits. As a consequence, some deficiencies were not identified and promptly responded to.

People and care workers expressed confidence in the management of the service. Care workers worked as a team and they were aware of the aims and objectives of the service. □

The service had worked well with some people and their representatives and brought about significant improvement in people's health and general well-being.

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 24 and 25 July 2018 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 service provided care and support to people living in the four supported living schemes. We visited all four of them and spoke with ten of them and three relatves. We also spoke with the deputy manager, the new manager, the nominated individual of the service, the operations manager and eight care workers. We observed care and support in communal areas and also visited people's bedrooms with their agreement. We obtained further feedback from two health and social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people and this included their medicine administration record (MAR) charts. We examined five staff recruitment records, supervision, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service and relatives told us that people were well treated and there were enough care workers to attend to their needs. Feedback we received from service users indicated that they felt safe in the home. One relative said, "We are generally happy. Whenever we visit our relative is clean and appeared well cared for. The premises were clean whenever we visited." A second relative said, "My relative is kept safe. I have confidence in the staff. They can manage my relative's behaviour difficulties. The staff give medicines to my relative. He is now needing less medicine as he has improved."

Risk assessments had been prepared for people. These identified potential risk such as behaviour which challenged the service. Strategies for minimising potential risks were documented in the care records of people.

We discussed the fire safety arrangements with the registered manager. PEEPS (personal emergency and evacuation plans) were in place in the supported living accommodation. There was documented evidence of weekly fire alarm checks, risk assessment of the premises and fire drills. One person who smoked did not have a risk assessment regarding this. The registered manager provided us with the risk assessment soon after the inspection. She explained that this person smoked outside the service and had not been found to ever smoke in their bedroom.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us, the Police and the local safeguarding team following the last inspection. The service had co-operated with the investigations. One safeguarding incident is still being investigated by the Police. The service had taken to ensure that care workers had safeguarding training. The registered manager informed us that safeguarding issues were taken seriously and had been closely monitored by a senior staff in the company's head office. We had also received feedback from a social care professional that they had been satisfied with the action taken by the service regarding a safeguarding incident.

We examined the five staff records of newly recruited staff. We noted that all the records had documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. We looked at and discussed staffing levels with the registered manager and with care workers. They informed us that the staffing levels were adequate and they were able to attend to the needs of people. People we spoke with informed us that there was enough staff to care for their needs. This was also confirmed by three relatives we spoke with who stated that the staffing levels were adequate. Our findings indicated that the service had adequate numbers of care workers to attend to the needs of people.

The service had a medicines policy which provided guidance to care workers. There were suitable arrangements for the recording, storage, administration and disposal of medicines. The temperature of the rooms where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by care workers and the pharmacy staff involved. There was a system for auditing medicines. This was carried out by senior staff of the service. There were no gaps in the eight MAR charts examined. People we spoke with told us they had been given their medicines.

A record of accidents had been kept and where appropriate guidance was provided to care workers on preventing re-occurrences. An incident had occurred in which a care worker an injury. This had not been promptly reported to the Health & Safety Executive (HSE) in accordance with the Reporting of Injuries, Death and Dangerous Occurrences Regulations. Failure to do this may adversely affect the care provided for people. This was done soon after the inspection.

The service had a current certificate of insurance.

Good

Is the service effective?

Our findings

People using the service told us that care workers were capable and they were satisfied with the care provided and when needed, their healthcare needs had been attended to. A relative said, "Staff do monitor our relative's weight and it has improved. Her medical condition has also improved. The staff do ask for consent when needed."

There were arrangements for monitoring the healthcare needs of people. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's hospital consultant, psychiatrist and GP. This was also confirmed by people we spoke with.

The service ensured that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Care workers assisted people with their shopping and meal preparation. Some people informed us that they could buy food they wanted and they prepared their own meals. One relative informed us that care workers had been able to assist their relative maintain a steady weight. Another relative stated that they were happy that their relative had been able to avoid harmful food.

Care workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, safeguarding adults, health and safety, behavioural intervention techniques and medicines administration. Care workers we spoke with confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, safeguarding, information on health and safety. New care workers had started the 'Care Certificate'. The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff had carried out supervision sessions and appraisals with care workers. Care workers confirmed that this took place and we saw evidence of this in the staff records. A supervision matrix was available however, this had not been updated. The registered manager informed us soon after the inspection that this had been done.

The Operations and Business Development Manager informed us that they supported two of their staff to obtain academic degrees and developed their careers within the organisation. This was aimed at ensuring stability and continuity of care for the people. Relatives we spoke with stated that as a result of stability in staffing, people who used the service were more settled. In addition, the Operations and Business Development Manager told us that the service allowed flexibility so that care workers were able to support people and also pursue other interests.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA. Care workers we spoke with had a basic understanding of the MCA. They knew that consent needed to be sought from people or their representatives when needed. They were also aware of the need for best interest decisions to be obtained when people lacked capacity to make important decisions.

We found that where needed authorisation had been sought from the Court of Protection for people whose liberty needed to be restricted for their own safety. Documented evidence was seen by us. The financial records of one person contained receipts and were well maintained. We however, noted that the funds of a person had been used to pay for a care worker's lunch when the carer accompanied the person for lunch. The service stated that the relatives had agreed they could do this. However, there was no written agreement in the care records. The Operations and Business Development Manager stated that a best interest meeting would be arranged with the relatives of the person very soon.

Good

Is the service caring?

Our findings

People told us that they were well treated and care workers listened to them. One person said, I am doing okay here. At one point in my life I was not able to talk, now you see I am talking. I well supported. I am getting better every day." Another person said, "Staff here are brilliant. They are easy going and easy to talk to. They respect me. They are very friendly, very helpful and professional." A relative said, "The staff are taking good care of my relative. My relative is now better and stable. The staff have made a difference." A second relative said, "My relative is happy around the staff. They can communicate with my relative and understand my relative's routine. My relative is much calmer now."

We observed positive interactions between care workers and people. We saw care workers greeting people warmly and talking with them in a respectful and pleasant manner. Care workers we spoke with were familiar with the needs of people and knew how to respond to variations in their behaviour.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. One person whose first language was not English informed us that the service had translated information regarding their care into their language. This was confirmed by their relative. Another person informed us that staff assisted them to attend their place of worship. We noted that a third person could purchase and prepare their ethnic meals.

Care workers said they were aware of the importance of treating all people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on bedroom doors and request permission to enter. They stated that when they provided personal care they would explain what needed to be done and ensured that doors were closed. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care workers we spoke with could provide us with information regarding people's background, interests and any special needs they had. They informed us that they knew people's daily routines and their likes and dislikes. When we discussed the care of a person with a care worker, they demonstrated a good understanding of what the person enjoyed doing and what they liked to eat. Another care worker was able to tell us about the activities that people participated in and where these activities were held. People told us that they got on well with care workers and found them caring and helpful. This was reiterated by people and relatives we spoke with.

Regular meetings had been held so that people could express their views and make suggestions regarding the running of the service.

We discussed the steps taken by the service to comply with the Accessible information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells

organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. We noted that care plans and menus were in pictorial and large print format. We saw that guidance and information had been translated into a different language so that a person who used the service could understand it.

Good

Is the service responsive?

Our findings

People and relatives informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person said, "My concerns are listened to. Once a service user upset me. I spoke to staff and this never happened since." A relative said, "Our relative has behavioural problems. The staff are learning and getting better at managing the behaviour. They are also starting to understand when our relative needs help with personal care. We have attended a care review recently." A second relative said, "The manager listens to us and the staff are very pleasant. We are aware of how to complain and we have got their telephone number." A third relative said, "The staff do a lot of walks with my relative. They go to the supermarket and they try to engage him in other activities although my relative is not always willing."

People and their relatives informed us that they knew how to complain if they had concerns. Complaints made were logged in a complaints book. We examined six recent complaints. Four had been promptly responded to. Two of them had the date when they were responded to but not the date they were received. It was therefore not possible to determine if they had been promptly responded to. The registered manager stated that they were received on the same day they were responded to.

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the supported living accommodation. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives. People and relatives confirmed that they had been consulted and their views were taken into account in the delivery of their care.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. This included the needs of a person with a mental condition. We spoke with the person concerned. This person informed us that they had made improvement with the assistance of care workers and they found care workers to be capable and understanding.

We discussed the care of another person who had a mental disorder and needed careful supervision and timely support from care workers. Care workers informed us that they were working with a psychologist to assist this person. They were aware of their responsibilities and action to take to reduce the person's anxiety. They also knew how to implement changes by giving advance warning to this person. The service had an in-house Behavioural Intervention Specialist who worked with care workers and people in carrying out Behavioural Functional Analyses and then formulating Behavioural Support Plans. These were seen by us in the care records. The care plans of this person were well written and informative.

We discussed the care of people with diabetes with a senior care worker. This care worker had a good understanding of diabetes. They could tell us how they monitored people's diabetes and the type of diet people with diabetes needed. They were also able to explain what assistance was needed if people with diabetes deteriorated. Another care worker we spoke with had a good understanding of how to manage people who experienced seizures and when they should summon emergency assistance.

The service had assisted people in accessing appropriate activities within the community. This was confirmed by people and relatives we spoke with. People we spoke with informed us that there were activities available for them to participate in. Activities arranged for people included shopping, cooking, walks in the park, attendance at day centres and places of religious worship. We noted that the service had been able to work with people with very complex needs and assist them significantly in improving their mental state and general well-being. This was confirmed by relatives we spoke with. One person also told us they had been able to do voluntary work. The Operations and Business Development Manager also stated that in the past year, two people who improved significantly had moved on to semi-independent placements in line with the desired care plan outcomes. He added that one person had improved significantly and was able to go on holidays with their relative.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection on 16 and 18 May 2017 we rated "Well Led" as Requires Improvement. At that inspection we found that audits were not sufficiently comprehensive and did not promptly identify and rectify deficiencies identified.

At this inspection we noted a lack of progress in this area. We were not provided with documented evidence of regular and comprehensive audits covering areas such as accidents, incidents, complaints, care documentations, staff records, training, maintenance and staffing levels although this was requested. One senior staff stated that they had not seen any recent comprehensive audits or action plans. The Operations and Business Development Manager stated that internal audits were done by senior staff of the organisation. However, these audits were not seen by us. Some audits were carried out on the accounts of people whose finances were managed by the service. However, these audits were not sufficiently informative as none were seen after February 2018. There were no dates on one of the sheets. We noted that although the audits identified miscalculations and lack of receipts there was no subsequent report on actions recommended or taken. Two of the complaints we examined had only the dates they were responded to. They did not have the dates when they were received although the registered manager stated that they were received on the day they were responded to.

We noted that the funds of a person had been used to pay for a care worker's lunch when the care worker accompanied the person for lunch. The service stated that the relatives had agreed they could do this. However, there was no written agreement in the care records. The Operations and Business Development Manager stated that a best interest meeting would be arranged with the relatives of the person very soon. We also noted that a person who smoked did not have a risk assessment regarding this. The registered manager provided us with the risk assessment soon after the inspection. An incident where a care worker was injured and sustained a fracture was not reported promptly to the Health and Safety Executive. Our findings indicated that the service did not have an adequate system of comprehensive and regular quality monitoring. This may put people at risk of harm or of not receiving appropriate care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The Operations and Business Development Manager stated that they had identified deficient areas and would be working to make improvements. After the inspection, he sent us details of a report of a monitoring visit to one of the supported living accommodation done soon after the inspection.

At our previous inspection in 2017 we noted a relative stated that communication with the senior managers of the company was not always good. This relative stated that management staff did not always respond promptly. At this inspection relatives informed us that the new manager responded promptly to them. We were informed by the Operations and Business Development Manager that they had made a significant investment in a new phone system, whereby if a call isn't answered in one location, it bounces to another location. This ensured that calls were always answered, and any queries were responded to in a timely manner. In addition, he stated that they had also issued people and their relatives and professionals with

information so they knew exactly who to contact at any time.

People expressed confidence in the management of the service. They informed us that they were well cared for and could approach both care workers and management if they had concerns. Relatives said they were mostly satisfied with the care provided and were positive regarding the management of the service.

The service had a new registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, medicines, safeguarding and health and safety. Care plans were up to date and well maintained.

The service had a clear management structure. The new manager was supported by a deputy manager and the Operations and Business Development Manager.

Care workers informed us that communication amongst care workers was good and there were meetings where they regularly discussed the care of people and the management of the service. The minutes of these meetings were seen by us.

Care workers stated that senior staff and management staff were approachable and listened to their views. Care workers said they had confidence in the way the service was managed. They were aware of the values and aims of the service and this included treating people with respect and dignity, providing a good quality service and encouraging people to be as independent as possible.

The Operations and Business Development Manager informed us that the service had invested in a computer software which allowed them to update and monitor the care provided. This system was already in place and they would soon be introducing the system to relatives and professionals involved in the care of people concerned. In addition, he stated that the service used 'everyday' technology like ipads and video calling to help people keep in touch with their loved ones, especially when distance was an issue.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 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.