

Jigsaw Creative Care Limited

Jigsaw Creative Care Limited - 77 Russell Street

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Jigsaw Creative Care Limited - 77 Russell Street is a respite care service. It can provide accommodation and personal care for up to three people at any one time. Eight people used the service at different times. On the day of the inspection one person was using the respite service.

At the last inspection the service was rated requires improvement in safe and good in effective, caring, responsive and well-led. The overall rating for the service was good. At this inspection we found the service had made improvements in keeping people safe. The service remained good in all the other domains and therefore the overall rating remains good.

People received safe care from the service. Improvements had been made to maintain the property and garden to a good standard and reduce risks to people's safety. Robust recruitment procedures were now followed to ensure as far as possible only suitable staff were employed. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the care staff. Staff were trained to safeguard and protect people. They understood their responsibility to report concerns.

People continued to receive effective care from staff who had been trained and had the necessary skills to meet people's needs effectively. Staff were supported through one to one supervisory meetings, annual appraisals and staff meetings. They were able to seek advice when necessary and had opportunities to discuss and review their work. People were supported to have sufficient to eat and drink. When necessary their nutritional needs were monitored and professional advice was sought appropriately. People's healthcare needs were mostly managed by their families. However, when required staff supported people to attend appointments and/or seek advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. However, we noted these were not recorded in accordance with the Mental Capacity Act (2005) MCA and have made the following recommendation. We recommend that the provider refers to current guidance on recording best interest meetings and decisions in line with the MCA.

The service remained caring. We observed staff were kind and patient when supporting people. People's privacy and dignity was protected and they were treated with respect. People and their families were involved in making decisions about their care. Staff enabled people to maintain and develop independence as much as they were able to.

The service remained responsive to people's individual needs. Staff knew people very well and care plans were focused on each individual, their preferences, routines and choices. People had access to varied activities which they enjoyed and engaged in. Activities were designed to suit people's particular needs and interests. Complaints were investigated and resolved in line with the provider's policy.

The service continued to be well-led. The registered manager promoted an open, friendly and person centred culture. They led by example, were supportive of the staff team and listened to feedback and views to make improvements. The quality of the service was monitored and regular audits and checks were completed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Robust recruitment practices ensured as far as possible, staff of suitable character were employed to work with people.

The property and garden were now suitably maintained and provided a safe environment for people.

People received their medicines when they were required. Staff had been trained in the safe management of medicines.

There were sufficient numbers of staff to provide safe care.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Jigsaw Creative Care Limited - 77 Russell Street

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 was an unannounced, scheduled inspection which took place on 22 August. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. There had been no notifications received since the previous inspection. A notification is information about important events which the service is required to tell us about by law. We contacted the safeguarding team at the local authority and requested feedback from other professionals with knowledge of the service.

We reviewed the Provider Information Return (PIR). This 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.

We were unable to speak to people who used the service. We contacted six relatives and received feedback from three of them, spoke with four members of staff including the registered manager, the deputy manager and two care staff. We received feedback from a further two members of staff via email following the inspection.

We looked at records relating to the management of the service including three people's care plans and associated records. We reviewed three staff files including the recruitment records of the most recently employed staff. We looked at staff training records, the compliments/complaints log, a selection of audits and health and safety records.

Is the service safe?

Our findings

During the previous inspection in July 2015 we found that recruitment practices were not always robust and gaps in employment history had not been identified or explained. At this inspection we found action had been taken to improve recruitment practices. This helped to ensure people were supported by staff who were of appropriate character. Employment history was now fully documented and any gaps in employment explained. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References were sought from previous employers to check on behaviour and past performance.

During the last inspection we found the property and garden had not been fully maintained to provide a safe environment for people. At this inspection we saw improvements had been made. Staff told us repairs and maintenance were now completed more promptly and we saw redecoration, new flooring and a kitchen re-fit had been completed. In addition old and broken equipment had been removed from the garden which now provided a safe area for people to use. Regular testing of fire equipment had been carried out in accordance with regulations.

People who use the service were unable to tell us themselves if they felt safe. However, relatives told us they felt their family members were safe with the staff. Comments included, "Definitely" "Absolutely no worries about safety." and "I would be the first to shout if there was anything I was concerned about." They were confident they would be listened to and action would be taken if they raised concerns. Staff were trained in protecting people from abuse and knew their responsibilities with regard to reporting issues to safeguard the people they supported. Staff were also aware of whistleblowing procedures and were clear they would not hesitate to use them if necessary.

People were protected from risks associated with the care they received. Risks were assessed and where necessary management plans put into place. Examples included, specific health conditions such as epilepsy, risks related to specific activities people took part in and those associated with travelling in cars with other people. Care plans provided guidance for staff on how to minimise the risk without unduly restricting people's independence.

The number of staff required was determined by the needs of the people using the service. We saw the staff duty rotas reflected the appropriate number of staff supporting each individual. Each person received support on a minimum of a one to one basis, this increased for some people and for some activities they took part in. There was consistency in the allocation of staff supporting people. The registered manager was clear on the importance of maintaining this to enable stability and to encourage the building of positive relationships. We saw how respite visits were carefully planned contributing to people's safety and ensuring they were supported by consistent members of staff.

Staff received training in the safe management of medicines and checks were made on staff competency. There were systems in place to record all medicines brought from and returned to people's homes for the

duration of their stay. People received their medicines when they were required and we saw medicine administration records were completed appropriately.

People had personal emergency evacuation plans indicating the support they would require to leave the premises. Fire drills were carried out regularly to help ensure staff were aware of the action they should take in an emergency.

Is the service effective?

Our findings

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 Act 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 when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff received training in the MCA and they were aware of how the principles of the act applied to their work. The registered manager submitted applications for authority to deprive people of their liberty when necessary. Staff promoted people's rights to make decisions for themselves. We saw people were consulted and asked before any support was provided. We observed people being encouraged to make choices for themselves. When more complex decisions had to be made staff spent time working through options with people, their family and health and social care professionals to ensure decisions were made in their best interests. However, we noted these were not recorded in accordance with the MCA. We discussed this with the registered manager who agreed to seek guidance on recording.

We recommend that the provider refers to current guidance on recording best interest meetings and decisions in line with the MCA.

People continued to receive effective care and support from staff who were well trained and supported by the registered manager. Staff knew the people they supported very well and it was evident they understood their needs and preferences. We observed how staff discussed their support and activities with them in a way they could understand. The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the use of pictures and signs enabled people to understand and helped them make informed decisions.

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support individual people effectively. One member of staff told us this part of training was particularly important and said, "All training is relevant but the most important thing is to understand what is needed by each person." Following induction, staff continued to receive further training and completed the care certificate. They also received training in areas specific to the people they worked with, for example, epilepsy, autism and managing distressed or anxious behaviours. The registered manager had completed a training course in order to be able to train other staff in being able to develop strategies for crisis intervention.

Staff met individually with their line manager on a regular basis. They told us this was supportive and gave them opportunities to discuss their work and share any concerns. Annual appraisals were carried out when staff had worked at the service for over a year. Staff told us there was an open door to the registered manager and they praised the support they received from him. Staff also told us their practice was observed and monitored to ensure they followed policy and procedure.

Staff meetings were held regularly and provided opportunities for staff to discuss the support provided to individuals as well as general items related to the running of the service. Examples included health and safety issues and training. Staff told us they were encouraged to contribute and express their views, they felt they were listened to.

People's healthcare needs were mostly supported by their families. However, the registered manager told us medical attention would be sought if a person became ill during a respite stay.

Staff worked with people to ensure they had sufficient to eat and drink. People were supported to shop and prepare food safely where this was part of their support plan.

Is the service caring?

Our findings

People continued to benefit from a caring service. The approach of staff was caring and they told us they wanted what was best for the people they supported. Relatives confirmed their family members were treated with kindness and were always happy to visit the service. One commented, "[Name] loves to go to Jigsaw and runs to the car to go." The registered manager believed strongly in providing continuity of care for people. Each person had a nominated care worker who provided consistent support and worked closely with them. It was very evident how staff knew people very well. They were able to tell us how people communicated and we saw how a variety of methods were used to provide information and interact with people.

People's diversity was valued and the staff were respectful of people's cultural and spiritual needs. As part of their induction staff were assessed as to their suitability and compatibility with people. This took into account people's culture and interests as well as personality. People's care plans recorded their preferences regarding such things as the gender of support workers and their preferred daily routines. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service.

People were provided with privacy and dignity when they visited the service. We saw people could choose to spend time alone if they wished and their choice was respected. When people found it difficult to maintain their own dignity we saw care plans reflected how staff should support them to do so. People were supported to remain as independent as possible and care plans contained information on what people were able to do for themselves as well what they required support with.

Feedback from relatives illustrated the caring attitudes shown by staff toward people and praised the way support was provided. One relative described how particular attention and time had been taken to support a person in activities they enjoyed and benefitted from. Other comments included, "He's always with guys who treat him as an adult." "They help him do as much as he can for himself."

Staff understood the need to keep information in a confidential manner. People's personal information was stored securely in filing cabinets in the service's office or on a password protected computer. It was only available to authorised personnel.

Is the service responsive?

Our findings

The service continued to be responsive. People had their individual needs assessed before they began using the service. This assessment recorded information on their personal likes and preferences. It was clear that time had been spent with people and when appropriate their relatives, finding out about the way they liked things to be done and their individual routines. Staff told us people's first respite visit was often organised when no-one else was using the service so staff could spend time focusing on the individual and finding out their individual needs, preferences and wishes. The registered manager matched staff to work with people based on the assessment made during this time. They considered skills, personality, interests and culture in this process.

Staff confirmed the registered manager ensured they had sufficient information about people and their routines to provide what one staff member described as, "Totally person centred care." They told us that "communication is brilliant" referring to how the team work together to ensure they have the most up to date knowledge about people. This meant they were able to respond to people's changing needs. Relatives also commented on having good communication with the staff and being kept up to date.

Reviews of people's care plans were carried out at least annually or more often if their needs had changed in any way. There were examples of extremely good work taking place which had made positive differences to people's lives. One such example involved a person who had been supported to develop skills that enabled them to reduce distressing behaviours. This meant they were now able to take part in more activities and required less support from staff. Their support plan had been updated to reflect these changes.

People had a full and varied timetable of activities during the time they visited the service. Each person had the support of at least one staff member on an individual basis who worked with them to find and attend activities that benefitted and enhanced their lives. Examples included , cycling, walking, shopping and other social activities. During the inspection we observed a person being supported with their chosen activity.

The provider had a clear complaints policy. Two complaints had been made since the previous inspection both had been resolved appropriately. The service had also received compliments including, "They're always out doing something." "The staff are so helpful, friendly and seem to really like working with [name]."

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager was clear about the vision and purpose of the service and spoke with commitment about the standard of care they wanted to provide. The staff we spoke with told us the registered manager set an example for the whole team to follow. One commented, "[Name of registered manager] leads by example, he's calm, he listens and goes above and beyond in his job." Another said, "[Name of registered manager] is a good man and a good leader." While a third told us, "He's brilliant, sets us a real example, we all want to work and reach his standards."

People received a service from staff who were happy in their work and said they worked in an open and friendly culture. We found the service to be person centred, inclusive and empowering. Staff were aware of their roles and responsibilities and knew the lines of accountability within the service. They told us they felt involved in decision making and were included in any changes made.

They said the whole staff team worked together to support each other and one commented, "It's a supportive team and very welcoming." Staff meetings provided opportunities for staff to gather and discuss their work. We saw from the minutes of these meetings, discussions were held and information shared about training, health and safety and best practice in supporting people. Staff confirmed their views were listened to and they were able to make suggestions.

The service was monitored and assessed by the manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Quality audits were completed by the registered manager and submitted to the provider for monitoring.

People and relatives were asked for their views about the service and their feedback was acted on to improve the support provided. This was done using an annual survey and feedback questionnaires. We reviewed a sample of the questionnaires and noted very positive feedback had been received about the service.

People's records were detailed and up-to-date. Records relating to other aspects of the service such as audit records and health and safety maintenance records were accurate and up-to-date.

The registered manager was aware of the type of incident which would require a notification to be made to CQC. No such incidents had occurred since the previous inspection.