Jigsaw Creative Care Limited

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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

This inspection took place on 29 January 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We last inspected the service on 22 October 2013. At that inspection we found the service was compliant with the essential standards we inspected.

Jigsaw creative Care is a domiciliary care agency providing care and support to 33 people living in their own homes or together in supported living houses. A registered manager was in post. 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 supports people with needs relating to learning disability, autism, mental health and some physical conditions such as epilepsy.

People and their families said the service met people's needs well and responded when needs changed. People or their representatives had been involved in planning and reviewing people's care and in recruiting staff to support them.

The service had a robust recruitment process which had been reviewed and developed. Staff received a good induction and had ongoing support and development opportunities through training, supervision and annual appraisal.

Family members felt the staff kept them appropriately informed about any changes in people's needs or well-being and listened to their views.

People's rights were protected and their views and those of their family were sought. Where complaints had arisen, families and external professionals felt the service had responded positively and made improvements.

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.

People and family members felt people were safe when being supported by the staff. Appropriate action had been taken to safeguard people when necessary.

Staff understood how to keep people safe and how to raise concerns if they had them. Staff were happy that the service would listen to their concerns and act on them.

The service had a robust recruitment system to ensure staff were suitable to care for vulnerable people. Some people had been involved in part of the recruitment process for the staff who might support them.

Is the service effective?

Good

The service was effective.

External professionals were happy with the support provided by the service. Where they had raised issues, they felt the management had addressed them.

Effective induction, training and ongoing support were provided to staff.

The service had provided access to additional daytime and group support for people to increase their skills and decrease isolation. People's rights were protected.

Is the service caring?

Good

The service was caring.

People felt staff were very caring and treated them with dignity and respect.

People were supported, consulted about and involved in, their care.

Is the service responsive?

Good

The service was responsive.

People and professionals commented about how the service responded to people's changing needs and when any issues were raised.

People were involved and consulted about their care needs. Care plans were reviewed and updated when necessary.

Complaints and concerns were responded to and addressed.

Is the service well-led?

Good

The service was well led.

Family members, staff and professionals felt the service was well led.

The service had sought the views of people, relatives and staff about its practice and sought to improve the service.

The registered manager monitored the operation of the service and provided clear expectations to staff.

Jigsaw Creative Care

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.

We last inspected the service in October 2013. At that inspection we found the service was compliant with the essential standards we inspected.

The inspection took place on 29 January 2016. We gave the registered manager 48 hours' notice because the location provides a domiciliary care/supported living service and we needed to make sure someone would be in the office. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We contacted representatives of the local authority commissioning teams and external health professionals and received feedback from one local authority representative and a health professional about the service. During the inspection we spoke with the registered manager and other members of the management team and two people using the service about the support provided by the service. Following the inspection we spoke with three family members of people who use the service. We also spoke with three staff. We tried to contact three people who use the service but were unsuccessful.

We reviewed the care plans and associated records for five people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the five most recently appointed staff.

Good

Is the service safe?

Our findings

People felt safe when being supported by staff from the agency. One person told us they: "Always felt safe". A family member, when asked if they felt their relative was safe, replied: "Yes, definitely". Others said: "Very safe"; and: "I think so, I've not had any problems". External professionals felt people's safety was maintained by the staff.

A number of incidents had been reported to the local authority safeguarding team. Appropriate action had been taken to safeguard people, where necessary in each case. Management had monitored safeguarding events but no particular themes had emerged. The instances reported were often localised to specific locations and related to the needs of the individual(s) there. Some people had made allegations which they later retracted or about events which hadn't taken place. The service had worked with them about this to try to enable them to channel their anxieties in other ways. Specific actions had been taken to further support people in some instances. For example the provision of additional therapeutic input such as music therapy or new equipment. Appropriate disciplinary action had been taken where necessary.

Work had also been done to provide additional support to staff teams working with people who could at times need significant behavioural support. For example, additional group supervision meetings had taken place to enable the staff team to discuss the challenges presented and how to respond consistently and effectively. The service had also had discussions with local police to ensure they were aware in advance of people's needs, when responding to calls.

Staff were made aware of the agency's whistle-blowing policy as part of the interview process and had received training in this and safeguarding vulnerable adults. The provider had in house staff who were trained to deliver safeguarding training. Eight staff had attended a training update on safeguarding the day before the inspection and other upcoming dates were to be confirmed. One whistle blower had raised concerns about a particular supported living service which management had responded to. A range of steps had been taken to address the concerns, including the provision of additional monitoring, support and training. Some issues had arisen regarding a separate agency, which had been used to provide staff there when Jigsaw employed staff were unable to cover. The service no longer used this agency.

Staff confirmed they knew how to report any concerns and understood their 'duty of care' to do so. They were also aware of how to safeguard people from abuse or harm and knew to record and report anything which caused them concern. One staff member said safeguarding: "Was about supporting people to be safe from [various forms of] abuse". Staff were also aware of the provider's whistle blowing policy. One told us: "If necessary I would go to CQC or the local authority. I've never had to report a concern but would follow the policy". Another incorrectly, said whistle blowing: "Was about being confident to inform a manager if someone's practice isn't good".

Staff were confident the management would respond appropriately to any concerns raised. One said: "I feel they would respond well, we have lots of training on the safeguarding of vulnerable adults". One staff member said they had: "Reported an incident and someone looked into it".

Health and safety risks to staff and the people supported were assessed through an appropriate environmental risk assessment when planning the care package. Copies of these were on people's files. A range of individual risk assessments had also been completed for each person supported and these were regularly reviewed. The risk assessments identified the action staff should take to mitigate the identified risk.

In order to ensure that people were supported by staff with the necessary skills and approach, the agency had a robust recruitment process. The recruitment records contained the required evidence of the process followed. Where staff originated from overseas, the service obtained certificates of good conduct, or equivalent, where possible in addition to a UK criminal records check. Gaps in employment records were discussed and the reasons verified. Recruitment records were indexed via a checklist and monitored by the person with lead responsibility for human resources. A sample of references was checked by telephone to confirm their origins.

People were involved in the interview process whenever possible by means of a second, informal interview being held within the house where they were being recruited to work. This allowed the provider to judge the person's response to the potential staff member and vice versa. In one case an interview had been conducted via Skype involving a person supported.

The registered manager told us the service had not usually found staff recruitment to be an issue in Berkshire but had experienced more difficulties recruiting for the supported living provision the Gloucestershire area. Overall they had been successful in maintaining recruitment and retention of staff was good. The service offered 'exit' interviews to departing staff but had found this was not often taken up. The interview process had been improved by adding more values-based questions to establish the approach and attitudes of the interviewee.

Where people required support with their medicines this was provided by staff who had received training in this. However, not all staff had yet had their medicines competency assessed. One staff member asked if this had happened said: "No, I always check myself" and added that they kept an eye on stock to make sure it remained in date. Two staff told us management carried out spot checks on medicines records. A new near miss reporting system via daily diaries had been introduced to ensure people were prompted to take medicines, where this was their required support. Where a person was prescribed a particular medicine to be given PRN (as required), appropriate guidance was on file describing the relevant circumstances. The protocol also cross-referenced to the person's positive behaviour support plan.

There had been some medicines errors recorded in the previous twelve months in one supported living location. The provider took appropriate action to reduce the risk of recurrence. Some problems had been experienced with the supplying pharmacy in the area, which were challenged and the provider had since changed suppliers.

Good

Is the service effective?

Our findings

People and relatives told us they were generally happy that the service was effective. Two people we spoke with during the inspection were happy that the support they received met their needs. The interactions we observed between people and the staff were appropriate and supportive. Family members were pleased with the care and support provided to their relatives. All spoke well of support staff and the management. When asked if staff knew their family member's needs well, one family member said: "Yes they do, staff do a sterling job". Another said they had confidence that if they were to die tomorrow: "We wouldn't be worried about him and his care". When asked if there was anything the service could do better, one family member said: "Nothing, it's not an easy job, they care for clients with enormous difficulties". Three relatives did comment about some communication issues and one said it could sometimes take too long to arrange an activity for their family member.

The people supported may have a learning disability, needs related to autism and some have additional complex physical and mental health needs. The service provided support for people over extended periods, rather than through a number of short visits. The shortest visit at the time of inspection was around three hours, with many people supported 24 hours a day by a team of staff on a rota basis. Eight people lived in their own homes or with family while the remaining 25 lived with others in eight supported living houses.

The service met people's complex needs effectively. For example, one person had been able to have much greater access to activities in the community due to the support provided through two to one staffing. The registered manager had set up a support group as a Social Enterprise organisation to support people's personal, educational and social development to enhance their employment options. The group was user-led and people carried out interviews themselves for the scheme manager. The scheme provided a range of support through activities, group sessions and the use of drama and music. Members had been involved in making a short film and two had recorded CD's of their own music, one of whom had also been supported to perform live at a local music venue. People's care plans identified their preferred methods of communication and known indicators of anxiety or triggers which might lead people to require staff support with behaviours.

There had been only one reported missed call since the last inspection. Alternative support was provided at the time when the person, reported the staff hadn't arrived. This was investigated and changes were made to systems and procedures to prevent recurrence.

Some issues had arisen with the support provided to a supported living house remote from the head office. The service had addressed these through providing local management and on-call support to the scheme. The scheme had also benefitted from additional head office quality monitoring visits as well as senior management shift cover at times, which had addressed the issues identified. The service no longer used staff from other agencies to cover gaps in rosters and existing staff recognised the benefits of this improved continuity of care.

One care manager told us about some issues reported to them by people or their relatives but said these

had been addressed appropriately by the service at the time when raised. Another external professional said that where issues had arisen they had been resolved in discussion with management.

Staff had received an eight day induction which included introductory core training. They shadowed more experienced colleagues and were assessed as competent before working without supervision. The registered manager told us the induction process had been spread over a longer period to enhance the experience and learning of new staff.

Training was provided through a mix of classroom courses, distance and computer-based learning. Some local authority training courses had been accessed. The service provided appropriate core training to all staff and a variety of specialist courses where needed. For example staff might attend training on autism awareness, epilepsy, Makaton or mental health awareness, in addition to their core training. Some competency observations had also been carried out. The national Care Certificate was being introduced and staff were completing the related workbooks and having practice observations as part of this. All staff were expected to attain the Care Certificate. Staff were happy with the induction and training provided.

The service supported a number of people who sometimes required support to manage their behaviour. Staff received training on positive behaviour support via a nationally recognised course called "PROACT SCIPr" to enable them to provide this support in consistent and appropriate ways. The aim was to help people to manage their own behaviour through proactive, rather than reactive intervention. The service had in house staff trained to deliver this training to other staff. Incidents were recorded and analysed and where necessary, individual positive behaviour plans were changed to ensure they were as effective as possible. A new near-miss system had been set up to record where positive behaviour support had been successful in avoiding a potentially serious incident.

Staff attended regular supervision meetings with their line manager and had at least annual appraisals to review performance and identify future goals or training needs. Staff had a mix of one to one supervisions, spot checks of their practice and an annual appraisal. Support was also available to staff through the out of hours on-call system which was provided locally to each supported scheme. In addition, a member of senior management was also available in an emergency. Supervision records demonstrated that effective feedback was provided to staff and situations were discussed appropriately such as those resulting from direct care observations. Staff were happy with the range of support from management.

Staff said the people supported were able to give consent at the time of care support being given either verbally or non-verbally when staff explained what they were going to do.

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.

Appropriate best interests discussions had taken place involving relevant other parties where individuals had been assessed not to have decision making capacity. For example, for the use of audio monitoring equipment for one person at risk. Specific limits had been placed on the periods of monitoring to minimise the impact on the person's right to privacy. Where people had capacity to make decisions the registered manager understood the degree to which they should consider the views of parents, whilst respecting the person's right to make decisions for themselves.

Where staff had concerns about people's health or wellbeing they were clear they would either contact the office for them to seek medical advice or refer to the GP directly. A relative told us the: "GP is called if needed or [name] is taken to appointments". Other relatives also felt that people's health was well managed and the GP was appropriately consulted and involved.

The service had advocated effectively on behalf of people with external healthcare agencies to ensure their needs had been met and appropriate investigations had been carried out. The service had also worked well with individuals around their anxieties relating to health appointments. One person was now able to cope with health appointments at home.

Appropriate end of life care had also been provided to enable one person to remain at home where they wished to be. The service had provided a team approach alongside the MacMillan nurse, GP and district nurse team and had liaised well with the person's family throughout. Effective support had continued to be provided to other people living in the house and a visit from a grief counsellor had been arranged.

Good

Is the service caring?

Our findings

Feedback about the care provided by the agency was generally positive. One person commented that staff were: "Always very helpful and supportive". When asked whether staff treated their relative kindly relatives said staff had a: "Very kindly attitude"; and treated people: "Extremely kindly, almost like a member of the family, [name] is vulnerable in so many ways". Another said staff were: "Very kind" and added that when their family member visited and was awaiting staff to go back he was: "Looking forward to seeing them".

Observations as part of the care certificate competencies or spot checks referred to the approach of staff and how they involved people in their care. We saw some examples during the inspection of how people were positively encouraged to make decisions and choices.

People or their representatives were involved in the assessment and care planning process to identify their needs. Where they would be made anxious by participating in their review meeting, their views were sought one-to-one and recorded by their care manager, prior to the meeting. In other cases, initial discussions had taken place in people's absence and they had joined for the latter part of the review in order to help them manage the process.

People's representatives or family were also involved in reviews where appropriate. Care plan files included a pictorial document to assist with explaining the review and the content of the care plan to them. The service was flexible regarding the timing of reviews to allow people the best chance to participate based on their activities schedule.

People and relatives felt staff treated people appropriately and respected their dignity. A family member said staff supported their relative's dignity: "Very well" and described this in terms of how personal care support was always given in private. Another family member thought staff respected their relative's dignity and provided for his cultural needs and interests, saying: "He is able to go out in the wider community". Another family member said their relative was treated: "With dignity and respect".

When asked whether people's individual needs were met one family member said: "[Name] goes to work three days per week, this helps [name] to feel valued". Another family member said that their relative loved music and playing an instrument and that both had been provided for as well as access to outside activities. Staff gave examples of ways in which they encouraged people to make choices and decisions, such as by complimenting a person on their clothing choices.

The service supported people's dignity and independence in various ways. For example, people were encouraged to do as much for themselves as possible, to ensure that their skills were not undermined. Care plans also made references to maintaining people's dignity. People were supported and encouraged to communicate in their preferred ways. The service was exploring additional technology which might assist individuals to communicate and assist staff with sharing information and activity plans with people. People's medicines were secured in a locked cabinet within their bedroom and administered in their room as part of respecting their privacy and dignity.

Staff presented as warm and caring about the people using the service. They described ways in which they supported people's dignity. For example by reminding a person to close the bedroom door when dressing and by leaving people to manage aspects of their own personal care in private where they were able. Staff also ensured that curtains were closed and asked the person before providing care support.

Good

Is the service responsive?

Our findings

Family members praised the responsiveness and flexibility of the service to people's changing needs. Family members also said the service kept them appropriately informed about any concerns or changes in wellbeing. One family member said: "Yes, they ring and we go to visit". Another said they had regular meetings and added: "They fit in with my work pattern", in order to ensure the family member could attend.

People had care plans and supporting documents such as risk assessments which were very much centred on their individual needs. These were subject to regular review as required or at least every six months. The timeliness of review was monitored by the management team as part of their weekly audit process. Family members felt the service involved their relative and themselves in care planning and review appropriately.

Care plans contained details about people's individual wishes, likes and preferences about how they were supported and how staff should approach the support. They also described how people's physical or mental health affected their needs. Copies of care planning pictorial formats were also on file. Files also contained positive behaviour support strategies and identified known triggers for individuals which could heighten anxiety and lead to them needing additional support. Individual files identified the circumstances in which specific interventions would be appropriate so staff had clear guidance and a consistent approach. People's weekly planners showed that access to a wide range of stimulating activities was provided within the scheduled support hours to help people remain focused on positive activity. People's files contained photographs showing them engaged in many of these activities. One person told us about the range of activities they had been able to access.

Information and articles were also on file regarding people's various diagnoses to inform staff about their possible impact on the individual. Where people had needs on the autistic spectrum, care plans contained detailed information on supporting them to manage transitions between activities and places. Any cultural or spiritual needs were also identified.

In response to people's complex needs the service had developed a number of new initiatives to improve people's support and personal skills. These included group sessions on music, mindfulness, drama and dance as well as support for individuals to express themselves via public performance and music creation.

The registered manager told us people were given an easy-read copy of the complaints procedure at the start of their support package and the support available was explained to them. Family members felt that if they had raised any issues their concerns had been addressed satisfactorily. One family member asked whether a concern had been addressed, replied: "Yes, very well and responsive". Another said: "We know the manager very well, we couldn't be happier, but if we had a concern we would ring her".

The service maintained records of the complaints and compliments received. Records identified the action taken to address complaints, which showed that they had responded appropriately and taken action to reduce the risk of recurrence. The written compliments received by the service often noted the caring and supportive approach of staff.

Some concerns about recruitment had led to improvements in the process to try to ensure people had an appropriate approach and value base to support people respectfully. Where concerns had been raised regarding records storage, this had been addressed and a new policy developed on document retention. The management team had met to review complaints and the procedures in use. This led to increased monitoring of complaints and other improvements including the development of a complaints feedback questionnaire for use with the people supported to explore their opinion about how any complaints had been managed.

Good

Is the service well-led?

Our findings

Family members told us the service was well run and felt the registered manager was contactable if anything needed to be discussed. People felt that the registered manager listened to what they had to say and took action about it. One relative said: "The staff they employ are marvellous". Another said the service was: "Well managed". Family members felt the care provided was consistent, although one commented that there had previously been a lot of staff changes.

The registered manager had clear expectations in terms of staff care practice and communicated this to staff. Staff could contact her at any time if they wished. One staff member told us: "We all work to a common goal" and added that the service was becoming: "More professional". Staff felt they could challenge practice if they felt this was necessary. Staff felt the service was developing. One staff member gave the example of the new activities project which had been developed to offer people access to a wide range of day and evening activities.

No notifications had been received from the service. Notifications are reports of events that the provider is required by law to inform us about.

Overall team meetings took place from time to time, most recently in November 2015. Meetings of the staff teams supporting particular individuals or groups also took place. The most recent of these took place in January 2016 and involved staff and the people in the service. Meetings of the office team had also taken place regularly. One staff member suggested that staff meetings could be more regular.

The management team met together and monitored the operation of the service. For example, a new system of monitoring charts had been established on the wall of the registered manager's office to provide a visual overview of the monitoring carried out across the supported living settings and individual homes. A regular cycle of monitoring visits and other processes had been established. Spreadsheets were maintained to monitor staff training, supervision and appraisals. Incident reports were reviewed weekly, in part to identify any patterns or triggers. More recently in January 2016 the registered manager met with other members of the management team to review complaints issues to identify any trends or patterns. The meeting also led to a review of the process and the provision of a complaints flowchart and complaints feedback questionnaire.

A satisfaction survey had not recently been completed with the people supported. The registered manager told us they were discussing the development of a survey with some of the people supported, in line with the recently revised quality assurance policy. A copy of an easy read survey format was seen which included smiley faces and thumbs up/down pictures to facilitate this. Management were also considering the option of peer review of supported living settings by people themselves.

Managers spent time in supported living settings and carried out spot checks to individual's homes, which provided people with the opportunity to raise any concerns or issues. People who attended the various groups held at the provider's offices also had the opportunity to see one of the management team if they

had anything they wished to raise. People were also asked informally about their experience of the service during group sessions. A survey of the views of people's families was in process at the time of this inspection. Some family members did not recall having received a recent survey regarding their views about the service. One told us they had just received a survey to complete.

An action plan had been compiled from the issues identified in a previous survey in order to assign responsibility for actions and set deadlines. The action plan indicated that the identified actions had been completed.