

Chiltern Support & Housing Ltd

Chiltern Jigsaw Resource Centre

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

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

About the service

Chiltern Jigsaw Resource Centre provides a supported living service for people with a learning disability or autistic spectrum disorder. The service provided care and support to people living in 5 small 'supported living' settings, where people were supported to live as independently as possible. 1 of them was in Harrow and 2 were in Barnet. At the time of the inspection there were 25 people using the service, of which 20 were receiving personal care.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

The service supported people to have the maximum possible choice, control and independence so they had control over their own lives. The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment because staff had the necessary skills to understand them. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture:

People received good care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well. People and those important to them, including families, were involved in planning their care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

They had identified the need to develop a better link with their partners, including families and significant others of the people they supported. They had developed partner liaison single point of contact within the organisation that was going to focus on ensuring that concerns were correctly identified and addressed in a timely manner.

People lived safely and free from unwarranted restrictions because the provider assessed, monitored, and managed safety well. The assessments provided information about how to support people to ensure risks were reduced but did not limit people's right to take reasonable risks.

The service had enough staff, including for one-to-one support for people. The numbers and skills of staff matched the needs of people using the service.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people, staff and visitors were safe.

People's health needs were met. The care files we looked at included details of health action plans and management of day-to-day healthcare needs.

There was a process in place to report, monitor and learn from accidents and incidents.

Governance processes were effective and helped to assess, monitor, and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good 

The service was responsive.

Details are in our caring findings below

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Chiltern Jigsaw Resource Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of 1 inspector, 2 bank inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chiltern Jigsaw Resource Centre is registered for personal care and provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection there was not a registered manager in post. Two new managers were in post, and both had submitted applications. We are currently assessing their applications.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service, 6 relatives, 9 health and social care professionals, service director, operations manager, manager, 3 team leaders, 8 support staff. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of ten people using the service, 6 staff employment records, policies and procedures, maintenance, and quality monitoring records.

After the inspection

We received feedback from 9 care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused. A relative told us, "[My relative] is safe. I think [my relative] is having a good time on the whole."
- Staff had received training on how to recognise and report abuse and they knew how to apply it. They were able to tell us how they monitored for signs of abuse and understood their responsibility to report any concerns and to whistle blow if they felt appropriate action had not been taken.
- Health and social care professionals involved in people's care told us people were safe in the home. They told us service worked well with other agencies to protect people from abuse.
- Where allegations had been made about the management and care the provider carried out thorough investigations and as a result identified areas for improvement that had been successfully implemented.

Assessing risk, safety monitoring and management

- Assessments had been undertaken to identify the level of risks to people and there was guidance in risk assessments and care plans for staff to mitigate risk of harm. Risk assessments covered the range of areas pertinent to people and were clear and informative.
- People's care records helped them get the support they needed because it was easy for staff to access and follow. There was an assessment about the risk of choking. There was good information on the risk assessment including what to do should the person choke. We raised with the manager that they consider adding information so staff could recognise the symptoms of aspiration pneumonia as this was missing from the staff guidance. Following the inspection, the registered manager told us this information had been added to the care records.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. We observed some changes had been made to one bedroom to allow greater access to the garden area so if needed they could be pushed in their bed out of the building and into the garden, which would speed their evacuation from the building in the event of a fire.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, fire drills, emergency lighting checks and regular fire alarm tests had been carried out. In one scheme, we observed the fire board showed a green light to indicate working order. There were fire extinguishers placed on both floors and fire exits were kept clear and were clearly signed. The fire evacuation procedure was displayed on both floors and was in pictorial and written form.

Staffing and recruitment

- There were safe recruitment procedures. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff told us that there was adequate staff to support people to eat, undertake individual activities and to move people in a safe manner. No agency staff were being used at all the schemes. There was a practice of rotating new staff on induction, so they became familiar with the people in all schemes. Provider's bank staff were used if permanent staff were unable to attend.
- The service had enough staff, including for one-to-one support for people. The numbers and skills of staff matched the needs of people using the service. At one of the supported living schemes, a person receiving care received one-to-one support during the day. This was evident on the day of our visit. The person had a severe learning disability and required constant supervision and stimulation to avoid becoming restless and agitated.

Using medicines safely

- People received their medicines safely. Medicine administration records (MAR) were completed appropriately and regularly audited. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping the over medication of people with a learning disability, autism or both with psychotropic medicines) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff had received training to administer medicines safely. Two staff administered medicines each time, one to physically administer and sign and one to counter sign.
- Prior to each administration medicines were counted to ensure they tallied with the amount written on the MARs. Following the medicines being administered the amount was recounted and recorded. We counted a sample of tablets, and the amount was as recorded.
- Medicines were stored securely, and temperatures had been recorded daily and action to keep medicines cool was taken should temperatures rise higher than was safe.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, control measures were in place and there was guidance provided to staff for preventing re-occurrences.
- Staff described incidents and occurrences at other schemes were shared by management so they could learn and improve their practice. A member of staff gave an example of a person going missing and actions which should have been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support plans showed that their needs had been individually assessed. The care documents contained information from families and the local authorities, indicating information had been gathered prior to people receiving care from the service.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- People's care needs were regularly reviewed with them, and their relatives and care professionals involved. Care plans were updated when there were changes in people's requirements and preferences. People who were able to provide feedback and all professionals spoken with confirmed that people's care needs had been met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff had received a comprehensive induction. New staff had started the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Updated training and refresher courses helped staff continuously apply best practice. For example, they described yearly scheduled epilepsy training. They had received NAPI training (Non-Abusive Psychological and Physical Intervention) to support them to meet individual specific support needs.
- Staff were supported by management and there were arrangements for regular supervision and an appraisal of their performance. A team leader from one of the schemes described an induction process to familiarise new staff to the service. Staff told us, their managers were supportive and approachable.

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

- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people. Where people needed to have special diets staff had ensured this was made available for them.
- People were involved in choosing their food, shopping, and planning their meals. People we spoke with told us they could choose what they wanted to eat and described the food staff prepared as good. One person was observed to be enjoying chicken and rice whilst another did not eat rice but preferred bread with curries. Their choices were respected.

- People who were able were encouraged to make their own drinks and drinks was offered to others to ensure they remained hydrated.

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

- Staff regularly engaged with social and healthcare professionals regarding the healthcare needs of people. Care records contained evidence of appointments made with people's GP, dentist, and psychiatrist. This ensured that the needs of people can be met. Appointments had also been made with hospital consultants when needed.
- People had health actions plans (HAP), which were used by health and social care professionals to support them in the way they needed. A HAP contains actions needed to maintain and improve the health of an individual with a learning disability and any help needed to accomplish this.
- There was evidence staff consulted health care professionals for the benefit of people living in the scheme. For example, staff had acted when 1 person was showing signs of deterioration in their cognition. They had asked the GP to assess and a referral via the GP was made to the memory clinic. The memory clinic had provided support, and staff were monitoring the person.
- In other examples of partnership work, action had been taken to support a person's chronic condition with GP support. Medicines had been reviewed and dosage changed. There was evidence in another person's file of previous neurology clinic attendance. Similarly, there had been Speech and Language Therapist (SALT) input for another person and staff were holding weekly sessions with TACPAC (the touch and communication pack) as directed by the SALT. TACPAC is a sensory communication resource using touch and music to develop communication skills.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's support plans showed which decisions had been made in their best interests. Care files contained signed consent forms. Where people had been assessed as unable to consent to their care, best interest decisions had been made to provide support. For example, one person's care records contained a Court of Protection order naming their relative as their representative. Consent documents had been signed by this relative.
- Staff had completed MCA training. They had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed staff spoke in a respectful manner about people and documents seen were also written using appropriate language.
- Staff were patient and used appropriate styles of interaction with people. We observed staff interacting with people throughout the day. They were friendly and professional in their approach to people and responded well to questions and anticipated what people would like to do.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We spoke with 1 person, who told us they liked their bedroom and that staff put on a particular radio station for them to listen to. The person told us they felt safe in their bedroom because of their sight impairment. They watched the door as they could see shadows and staff spoke to them when they came past. We observed this happening throughout the day.
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- Staff supported people to express their views using their preferred method of communication. For example, there was a key worker system, which meant people were assigned individual staff members who had a specific responsibility to check if people were happy with the care provided. We saw evidence of regular key worker sessions with people.
- Staff respected people's choices wherever possible and accommodated their wishes. For example, 1 person liked to sleep in late. We observed this choice was respected and breakfast was offered when the person got up and subsequent meals were prepared in line with their preferences.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. For example, 1 person was offered a physical choice of clothes to wear and expressed a choice by their body language or pointing. Another person asked for a drink using their cup as an object of reference.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. The support plans described how people should be supported so that their privacy and dignity were upheld. We observed staff knock on bedroom doors prior to entering.
- Each person had plan which identified target goals and aspirations and we observed staff supported

people to achieve independence. Some people made their own drinks and breakfast. Others were supported by staff to cook meals from their country of origin. Staff supported those who could load the washing machines and do their washing and also encouraged those who were able to assist with bedroom cleaning and vacuuming.

- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains as good. People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We spoke with families of 6 people, and we were provided with mixed views relating to their experiences. Some people using the service who were able to speak with us, as well as health and social care professionals provided positive feedback.
- We gave the provider feedback from the families. The provider was already aware of this. They had identified the need to develop a better link with their partners, including families and significant others of the people they supported. The service had developed partner liaison single point of contact within the organisation that was going to focus on ensuring that concerns were correctly identified and addressed in a timely manner.
- There was a clear procedure in place to receive and respond to complaints and concerns. Complaints were recorded on a spreadsheet. We noted that these had been promptly responded to. A person using the service told us, "Staff help if I have a worry. I can say if something was wrong. However, I don't always get on with other people here but staff they help."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care. This was delivered through recognised models of care and treatment for people with a learning disability or autistic people, including positive behaviour support.
- People's care files contained clear information that identified their abilities and support needs. For example, a care plan for 1 person was person centred. There was a history/background information about the person so staff could understand the person in the context of their life. It contained their family network and how important this was for the person.
- Care documents of the same person contained good guidance for staff about the person's support needs. This included, personal care, support to go out into the community and activities the person enjoyed. There was a behavioural plan to support the person's emotional and psychological support needs and to stay safe with staff support. We observed this was repeated across board.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People who were living away from their local area were supported to stay in contact with friends and family. For example, the deputy manager and senior support staff from one of the schemes recognised one person was missing their parents, as one of them had recently been unwell and was unable to visit as usual. Staff supported the person to make a surprise trip to visit the parents which, we were informed, went really well.
- In other examples, people stayed in regular contact with friends and family via telephone and social media. For example, we noted in another person's bedroom a relative's phone number was displayed and a

reminder for staff to support them to call their relative each day. Staff confirmed they supported the person to keep in contact with the family. Another relative told us, "[My relative] seems happy and well looked after. Staff are nice and let me know if anything is wrong. We do facetime (face-to-face conversation over the internet) because it's far away. But staff have brought [my relative] to see me before."

- People were supported to participate in their chosen social and leisure interests on a regular basis. For example, 1 person required a variety of activities or else they became agitated and upset. Staff supported them to use sensory and musical objects to interact with. They went swimming each week and had a sensory session using TACPAC once a week as per SALT guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The service had a policy for meeting this standard. Certain key documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. For example, 1 person used a few Makaton signs, which the senior support worker demonstrated to us. They also used short sentence and objects of reference. Makaton is a unique language programme that uses symbols, signs, and speech to enable people to communicate. This was as stated in their care plan. Staff had worked with the person for many years and recognised from their body language what they wanted. In another example, the fire action plan had pictorial symbols to support understanding.

End of life care and support

- There was no end-of-life care being provided at the time of our visit. However, the service had an end-of-life policy to provide guidance for staff.

- People's preferences and choices regarding their end-of-life care were explored with them and recorded. The senior support worker described supporting a person some years before and confirmed training had been provided then.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a person-centred ethos and people were treated as individuals. It was noticeable there was wide range of support needs as some people had learning disabilities, brain injuries and physical disabilities such as sight impairment. Therefore, staff worked very much on an individual basis with people.
- All health and social care professionals who responded to our questions told us people received person-centred care. One social care professional told us, "From reviews and my quality assurance exercises there is evidence of person-centred care being provided. [This person] is involved in how staff support [them]. Staff have built a very good relationship with [them] and are able to support [the person] safely according to [their] needs. This is evidenced in the significant improvements [this person] has made."
- Where in one of the schemes we found there could be improvements made to better promote people's independence, the provider told us the newly implemented initiative was going to address this
- Staff spoke positively about the provider and felt well supported. A staff member at one of the schemes had been encouraged to be a support worker, then as their confidence grew to become a senior support worker and a team leader. They highly praised the provider for recognising their potential, supporting them and for giving them the confidence to do their work. A second staff member had progressed to deputy level and again the staff had felt well supported. A third staff described good support when they were unwell.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions. Staff told us they would not hesitate to speak up about any concerns and were confident they would be listened to by management and appropriate action taken.

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

- The service had a clear management structure consisting of the managing director, operations manager, manager, and team leaders. Care workers were well informed of their roles and reporting structures. They spoke positively about the managers. They felt free to raise any concerns knowing these would be dealt with appropriately.
- Health and social care professionals told us, "There is a clear management structure, whereby staff are supported and their worked checked. The registered service manager recently resigned, however before she left there was already an operational manager liaising with me. Additionally, there is a team leader at the

service daily to oversee care staff."

- The provider had recently appointed a manager for one of the schemes that had been without a manager for several weeks. At this scheme we found some discrepancies in paperwork that may have indicated lack of management oversight. The new manager demonstrated skills, knowledge, and experience to perform their role and had clear understanding of people's needs. They had quickly rectified the gaps we found.
- The provider invested sufficiently in the service, embracing change, and delivering improvements. They had ensured new staff worked in all schemes, so they learnt a range of skills and approaches. This ensured a sustainable and flexible staff team.
- Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. For example, the provider had acted as a result of concerns expressed by some relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Apart from one event, which was due to a misunderstanding, we had been notified of notifiable events and other issues.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. There was some evidence of working with health care professionals for the benefit of people.