J S Parker Limited

J S Parker Limited North East

Inspection report

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Date of inspection visit:
21 April 2016

Date of publication:
08 June 2016

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

J.S. Parker Limited North East provides a service where care and rehabilitation is managed for people who have suffered an injury, either as a result of an accident, clinical negligence or another traumatic event. Each person has a 'case manager' who ensures that care needs are met and the delivery of care is monitored and adapted. J.S. Parker Limited North East provide care and rehabilitation services to people within their own homes, however, this may initially be in a care home environment.

Our last inspection of the service was in July 2014 when the provider was found to be meeting all of the regulations that we assessed. This inspection took place on the 21 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the office to assist with our inspection. The inspection team consisted of one inspector. At the time of this inspection there were 42 people in receipt of personal care from the service.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the service since January 2015. 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.

People spoke very highly of the staff who supported them and said that they always felt safe in their presence and when they received care from them. Systems were in place to protect people from abuse and there were channels available through which staff could raise concerns. Historic safeguarding matters had been handled appropriately and referred on to either people's social workers or the relevant local authority safeguarding team for investigation. Staff had been trained in safeguarding vulnerable adults and they recognised their own personal responsibility to report matters of a safeguarding nature.

People's needs and risks that they were exposed to in their daily lives were assessed, documented and regularly reviewed. Medicines were managed appropriately and policies and procedures were in place support and guide staff. Staffing levels were determined by people's needs and each person had a team of staff who were recruited by the service, specifically to support them. Recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled and physically and mentally fit.

Staff training was well maintained and staff told us they felt supported by the registered manager and provider organisation. Supervisions and appraisals took place regularly as did individual staff team meetings for all each person in receipt of care. Staff told us they felt supported by management and could approach them at any time, about anything.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. There

was evidence to show the service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis if necessary. Decisions that needed to be made in people's best interests had been undertaken and thorough records about such decision making were maintained.

People reported that staff were very caring and supported them in a manner which promoted and protected their privacy, dignity and independence. People said they enjoyed kind and positive relationships with staff and they had continuity of care from the same members of the care staff team whenever possible, which they appreciated.

A complaints policy was in place and people told us they felt both comfortable and confident enough to complain, but they had not needed to do so. People's views and those of their relatives, staff and professionals working with the service were gathered through surveys, meetings and supervision sessions.

The care delivered was person-centred as were records maintained about people's care needs and linked risk assessments. Records demonstrated that the provider was responsive to people's needs whenever necessary. People were supported to access the services of external healthcare professionals if they needed help and support in this area.

The registered manager and provider organisation promoted an open culture and staff told us that they found the management of the service approachable as a result. The provider had clear visions and values and future plans in place about how the business was to develop. Audits and quality monitoring of the service delivered was robust and carried out regularly. Records showed that where any issues were identified these were addressed promptly.

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.

Staff were trained in safeguarding and understood their personal responsibility to keep people safe from harm and abuse.

Medicine policies and procedures were in place which reflected best practice guidance and staff had the information they needed to support people to take their medicines.

Staff worked in small teams supporting individual people and these staffing levels were determined by peoples' needs. Recruitment was robust.

Is the service effective?

Good

The service was effective

Staff received training in key areas such as safeguarding and in more specific areas related to the needs of the people that they supported.

Communication within the service was good and people and staff confirmed this.

People were supported to access healthcare professionals where needed and they were supported to meet their nutritional and hydration needs.

The Mental Capacity Act 2005 (MCA) was appropriately followed and applied within the service.

Is the service caring?

Good

The service was caring.

People described how they enjoyed respectful and friendly relationships with the staff members who supported them.

People were treated with dignity and respect and their independence was promoted.

Involvement was evident within the service.

Some people had advocates in place and the service also advocated on people's behalf.

Is the service responsive?

Good

The service was responsive.

Care was person centred and there was evidence that the provider reacted to people's changing needs and adapted the care delivered accordingly.

People told us they were able to make choices in all aspects of their lives and they were supported to pursue activities.

The provider had systems in place to gather the views of people, staff and professionals linked with the service.

A complaints policy was in place which gave instruction and guidance to people about how to complain and the timescales involved.

Is the service well-led?

Good

The service was well led.

People, relatives and staff gave positive feedback about the service.

There was an extensive and effective quality assurance system in place and evidence that learning from past incidents took place.

The provider had partaken in fund raising for the local community and they kept abreast of developments and changes within their industry and specialist areas.

J S Parker Limited North East

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the office to assist with our inspection. The inspection team consisted of one inspector.

A Provider Information Return (PIR) was requested in advance of this inspection but due to the rescheduling of the inspection, this was not available before we visited. The provider gave us a copy of the PIR at the inspection. A PIR 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 reviewed all of the information the provider submitted, plus information that we held internally about the service, including statutory notifications that the provider is legally obliged to inform us of. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We also sought feedback in advance of the inspection from people who used the service via questionnaires, and we used their feedback to inform our judgements. We contacted Northumberland safeguarding adults team, Northumberland County Council commissioning team and Northumberland Healthwatch for their feedback also. We used the information that they provided us with to inform the planning of this inspection.

During our inspection we spoke with four people who used the service, three people's relatives and attempted to contact four healthcare professionals who worked closely with the service. Unfortunately we only received feedback from one of the professionals that we contacted. We also spoke with the registered manager, quality and training manager and six care workers. We looked at five people's care records and a

range of other records related to the operation of the service, including five staff training and recruitment records, care monitoring tools and quality assurance documentation.

Good

Is the service safe?

Our findings

People told us that they felt safe in the presence of staff and their relatives confirmed they had no concerns about the conduct of the staff who supported their family member. One person said, "I have not felt uncomfortable with staff" and another person told us, "I don't ever feel unsafe". One person's relative said, "I have never had any worries about the staff and how they are with X (family member)".

Safeguarding policies and procedures were in place and staff confirmed that they had completed training in safeguarding. They were aware of their personal responsibility to report matters of a safeguarding nature. Records showed that historic safeguarding incidents within the service had been handled correctly and reported to the local authority safeguarding team for investigation in line with protocols. We saw the provider had safeguarded people from both financial and physical abuse by third parties within the last year. This showed the provider had systems in place to protect people.

Accidents and incidents that occurred in respect of each person who used the service were recorded and escalated to the registered manager for review. She then made referrals to external organisations if need be and identified where any 'lessons learned' needed to be shared company wide. Records showed the circumstances of the incident and where relevant, what measures had been put in place to prevent repeat events.

Risks that people were exposed to in their daily lives (such as being at risk of epileptic seizures) had been assessed by the provider and documentation about these risks was available in people's own homes for staff to refer to. Records showed that these risks were regularly reviewed and risks were colour rated in terms of their potential seriousness. There was information for staff about how to manage each of the risks people faced and the potential impact on the person if these risks were not appropriately managed.

Staff told us that they felt able to do their jobs in the time allocated to them for each home visit. People said that their needs were met and staff stayed for the length of time they had been allocated. People said that staff completed their designated tasks in this time. Staffing rotas were shared with people in receipt of care to ensure they were informed of the staff team members supporting them at any point in time. Staff were structured into individual teams, each with a team leader who managed staff within that particular care package, carried out supervisions and appraisals and held regular meetings. Team leaders reported to case managers at the provider's office.

Records reflected that the provider's recruitment procedures were robust. Staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. The DBS support providers to make safer recruitment decisions as they check potential employees against a list of people barred from working with vulnerable people, including children. This showed the provider had appropriate systems in place to ensure that staff employed to care for people, were of suitable character to fulfil their roles.

Individual medication administration records (MARs) related to the administration of medicines were

maintained within people's homes, where this was a duty performed by staff. These records detailed the type of medicine, date and time that it was taken and they were well maintained. These MARs were returned to the office in batches where they were reviewed by case managers to ensure there were no errors or omissions n the recording of the administration of medicines. Information about specific types of medicines was available to staff within people's care records and this information included photographs of what certain tablets looked like, what they were used for and how they were to be taken. A detailed medication policy was in place which gave information and guidance to staff. Staff competencies in the administration of medicines were checked regularly to ensure the procedures they followed were safe.

There was evidence that staff were mindful of health and safety risks within people's own homes and supported them to remain safe. Environmental risk assessments were carried out by the provider at the point the care package commenced, so that staff were aware of any potential health and safety risks within people's homes when delivering care. Some people who were at higher risk of fire starting within their homes had specific fire safety plans in place.

The provider had considered emergency planning and provided information in people's homes related to fire issues and how to deal with, for example, gas, electric and water emergencies. There were also out of hours and emergency numbers for people and staff to call should they need assistance outside of normal office hours. People and staff submitted comments via questionnaire responses about feeling vulnerable at times due to the lack of a 24 hour centralised on-call facility within the provider's organisation, for support outside of office hours. Whilst emergency numbers were in place, staff told us that if they were lone working and for example they suddenly fell ill, support in such circumstances was limited. We discussed this with the registered manager who told us they would explore this matter. People's GP contact details and numbers of their family members were also retained within their care records within their homes, so they could be contacted in an emergency situation.

Good

Is the service effective?

Our findings

Feedback from people who used the service and their relatives confirmed the service they received was effective. One person told us, "I have a good care team. They do everything that I need". Another person told us, "X (staff member) helps me with everything I need and she does her job well". A relative commented, "J S Parker have been spot on, really good. The staff they have sent to support X (person) are great. We have no problem with the staff or their training". A second relative said, "They make our life easier. We don't worry about how things are done or if they will be done".

Records showed that staff had completed training in a number of key areas such as infection control and the safe handling of medicines as well as training in specific areas relevant to the needs of the people they supported. For example, some staff had been trained in bowel management and catheter care. An induction programme was in place and staff told us they found this prepared them for their roles. New staff completed training when they first started in post and further training was planned for them. The provider had recently employed training staff to coordinate, deliver and manage staff training internally, but they also accessed training services offered by the local health authority.

Supervisions of staff took place regularly throughout the year and appraisals on an annual basis. Supervisions and appraisals are one to one meetings between staff and their line manager where discussions take place, usually about performance, development needs, positive feedback and any other areas of concerns. Records showed that in J S Parker North East Limited these meetings were a two way conversation between staff and their line manager and staff told us they found these meetings supportive.

Communication within the service was good. Staff told us they felt fully informed and there was enough information in people's care records to enable them to provide effective care. Meetings took place regularly where staff told us they were kept up to date with changes in the service and in people's needs. People and their relatives told us they felt fully informed and changes were communicated to them as they happened.

People told us that staff knew what their care needs were and there was evidence of continuity of care. People spoke of how they enjoyed effective care and support from the same staff member(s), who knew them, and their needs, very well. This was because the provider operated a service where people received care from a set team of the same staff, who worked for them continually. People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this level of support. A large proportion of people who used the service received specialist input into their care from professionals such as neuropsychologists and occupational therapists and staff supported them to attend these appointments and liaise with such professionals. Records showed that where there were concerns about a person's welfare and well-being, staff sought medical attention or obtained advice from healthcare professionals.

The service was involved in supporting people in the preparation of their meals and, where necessary, assisting people to consume their food. Records showed that some staff had received training in specialised areas such as Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes, which are used for people who

cannot take food by mouth. This showed that measures were in place to ensure that where people's nutritional needs were high, the service had invested in their staff so that they could meet these needs. Nutritional and hydration reviews were carried out regularly and where necessary action plans were drafted to support people appropriately in line with their needs.

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.

We discussed the Mental Capacity Act (2005) and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the provider. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. There was evidence to show that the provider referred matters related to people's capacity and any decisions that needed to be made in their best interests, to either their social workers within the local authority or other relevant healthcare professionals. Deprivation of Liberty safeguard screening assessments were carried out annually to check if people needed these safeguards to be put in place. Records showed that capacity assessments and best interest decision making took place where people did not have the understanding and ability to make their own informed decisions. We were satisfied that the provider was aware of, and fulfilled their legal obligations under the MCA.

Consent forms were in place within people's care records which they had signed themselves. These showed that people had provided consent to personal care, medication and communication amongst other things.

Good

Is the service caring?

Our findings

People told us they received a caring service from staff who were very good to them. One person said, "They (staff) are very polite. They are fine. I have a good care team. The care staff have become my friends; it's lovely". Another person told us, "I have been through some bad times and they have supported me, the best for me. I think they (staff) are great. They are doing a great job". One person's relative told us, "The staff and X (person) both view each other as friends. The staff have been excellent".

People described how staff were very friendly and engaged with them politely and respectfully when they visited. One person told us, "They talk to me how I want to be talked to". People told us they felt involved in their care and their relatives confirmed they did too. One relative said, "The documentation is very good. We are kept totally informed and involved". Care records evidenced people's involvement as they had signed their plans of care where able, to indicate they agreed with the contents and the care and support that was to be delivered. One person told us how they had been involved in a recent dignity 'tea event' and they had enjoyed this so much they had been asked to become the chairperson of a group which would be organising similar social events for people and staff to attend in the future. They told us, "I told them they should do more of these events and they have taken on board what I said".

The service had a 'dignity champion' in place at each of the provider's services and a company representative to support and promote treating people with dignity and respect throughout the organisation. People's feedback confirmed that they were treated with dignity and respect. Staff told us that they had been trained in dignity, equality and diversity, and their training records reflected this. They described how they protected and promoted people's privacy, dignity and modesty, for example when they delivered personal care, they discreetly covered people with a towel when they assisted them to get dried after bathing.

People told us they received support in a manner which ensured their independent living skills were maintained as much as possible. For example, they told us they were encouraged to assist with moving and handling as much as possible and daily living activities such as eating, as opposed to these being done for them. This showed that the service promoted people's independence.

Information about a variety of topics related to people's needs, such as brain injury support groups and charities as well as spinal injuries charities and regulatory bodies, was available on the provider's website. There was also information about up and coming events linked to the needs of the people the service supported, for example, information about the Cumbrian Neurological Alliance AGM and Action for Brian Injury Week 2016. Within people's care records information about people's specific medical conditions and medications was retained for staff, people and their relatives to refer to. One person told us, "I have all the information I need. I get regular updates and the information is good".

The registered manager told us that a number of people who used the service had formal advocates acting on their behalf. The provider gave us examples of how they advocated on people's behalf in all aspects of their lives, for example to ensure they were safe, they had good relations with their family members and

could access the financial assistance they were entitled to. People's families also took on the role of advocating on people's behalf.

Good

Is the service responsive?

Our findings

People and their relatives gave us positive feedback about the service they received. One person told us, "You don't have to tell anyone (staff), they know what to do for me". Another person commented, "I would recommend the services of J S Parker because they have been good". A third person said, "Everything has always been fine for me". A relative we spoke with said, "I think it is a good thorough in-depth service that they provide". One person commented in a response received from our questionnaire survey sent out in advance of the inspection, "My support team are very supportive".

We found the care people received to be person centred as it was tailored to people's specific needs and wishes. Records showed that staff were responsive to any changes in people's needs and circumstances. Care records were available in people's homes which provided staff with the detailed information they needed to meet people's needs and support them appropriately. There were also corresponding risk assessments in place. Information about people's cognitive difficulties and physical issues where available to staff in a flow diagram format. Consideration had been given to what and who was important to people, their aspirations, likes and dislikes and care records were often written in the first person. We saw where people had a tendency to display a specific behaviour, there were records in place to track any patterns, so that these were effectively monitored and interventions could be sought if necessary. Where people had a particular desire or goal, specialised plans were in place to support the person to achieve these.

Daily records about the support given to people, their mood, health and activities they had undertaken were well maintained and demonstrated how staff supported people in a responsive manner. They also provided a clear handover of information to the oncoming staff shift. Reviews of people's care were carried out regularly in monthly meetings held by team leaders where a variety of issues such as equipment servicing, documentation, housekeeping and holidays were discussed. In addition on a monthly or bi-monthly basis, case managers visited people in receipt of care and their relatives where relevant, to review people's care packages, speak with staff, talk through any issues and obtain feedback. This showed the provider was keen to maintain a person centred approach to care and to change the service they delivered in line with people's changing needs.

People explained that they were always given a choice about the care they received or whether they accepted it. This showed that staff recognised people's individual rights to make their own decisions, where they were capable of doing so. People told us they were supported by staff to access the community and pursue activities of their own choice. One person in receipt of care told us, "I get taken to the shops". Another person's relative told us their family member had recently enjoyed a short holiday abroad with staff, which they were confident they had thoroughly enjoyed. The registered manager had plans in place to hold a "Fish and Chip" social lunch for all people who used the service to attend if they so wish on 20 May 2016. This related to a national event being run by the Spinal Injuries Association.

There was evidence that staff responded to matters and issues brought to their attention, in respect of people's health, safety and their general well-being. For instance, records showed that such matters had been referred to external organisations for their input and to people's families. In addition, staff had referred

matters to the local safeguarding authority or people's social workers, where they had concerns that people were vulnerable and there was the potential that they could be taken advantage of by a third party. This showed that the provider was responsive and proactive to changing circumstances.

The provider told us that they gathered people's views via satisfaction surveys and during review meetings about their care packages. Staff views were gathered anonymously via questionnaires that were returned to the provider's head office and questionnaires were also sent out to professionals linked with the service. We reviewed the results of these surveys and found the feedback overall was very positive. Comments included, "Someone will always help you. X (case manager) is very efficient" and "Extremely happy, everything has been sorted". Staff told us they would actively report any concerns or issues that people raised with them during care delivery. Staff also confirmed that they could feedback their views through staff meetings, or alternatively during their individual supervision sessions with their line manager. One member of staff said, "Supervisions are once a month and we can give feedback then".

The provider had a complaints policy in place although there had been no complaints received by the provider in 2016. The complaints policy provided information for people about how to complain and how the complaint would be dealt with, including the timescales involved. The complaints policy was brought to people's attention within their care records retained within their own homes and on the provider's website. People told us they had never needed to complain about any aspects of the service.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had been registered with the Commission to manage the service since January 2015. People and their relatives reflected that they considered the service to be well led, commenting that it was, "well organised" and "good". One person said, "The leadership is done well". Another person told us, "It is run really well". A relative commented, "They are approachable and if I wasn't sure about anything I could ask them". A second relative stated, "The leadership couldn't be better. They are always available and there to help. It is an excellent service".

Staff were equally complimentary about the leadership of the service. They made comments such as, "I think it is well-led", "From my perspective the company is run perfectly fine" and "I can't think of a better company to work for. It is brilliant". The manager told us they enjoyed good working relationships with external healthcare professionals involved in people's care and records reflected this. One healthcare professional told us, "I have a good working relationship with the company and effective communication with the client's case manager". Comments received in response to our questionnaires sent out prior to our inspection included a comments from a healthcare community professional which read, "Managers seem well organised, informed, friendly and effective in overseeing the care packages of clients. Support workers are all friendly, competent and keen to work with other professionals involved in clients' care. To date I have had positive experiences with JSP staff and the clients appear to have similar experiences".

The vision and values of the organisation were listed as, "Our aim is to support clients and their families through the rehabilitation and litigation process and beyond. We aim to ensure that their choices and decisions are explored and enacted wherever possible, in order to maximise their independence and quality of life". The findings of our inspection indicated that the provider strove to meet these visions and values and the positive feedback we gathered from people, their relatives and staff confirmed this.

The culture of the service was one of openness and approachability. Staff and people described how they felt confident in contacting the management of the service and feeding back any issues no matter how big or small. Staff explained that they had reported issues to their line managers and any concerns raised were always acted upon promptly.

The provider was meeting the requirements of their registration in the respect that they reported incidents to the Commission in line with regulations. Records within the service were well maintained. An extensive quality assurance system was in place which demonstrated good governance. There were structured management reporting systems in place and accountability for staff. Meetings were held at regional and national level regularly; at a national level these were between senior management and clinical directors, and at a regional level between the manager, case managers and administrative staff. The manager, and the quality and training manager, told us that national meetings were used to review regional areas, pull business strategies together, create business plans, share best practice and filter learning and action points company wide. A "Policy of the month" learning and reflection session had recently been introduced into regional team meetings where the quality team supplied resources such as supporting videos, observational tools and updated policy and procedure documentation which was to be discussed.

On an annual basis a review of each regional office took place looking at the standard of service delivered in the previous year and this information informed overall business objectives. The manager told us that every six months the quality and training manager visited the service to review the case files for each person in receipt of care. Case managers were given action plans to complete where any issues were identified and the registered manager held overall responsibility for ensuring actions were completed by signing and dating these once done. A comparison report across all regions was then compiled by the quality and training manager to submit to the organisation's directors, so that any themes and trends developing could be identified. An overall quality and compliance report was also produced to look at organisational issues from a company perspective such as accidents and incidents in each area, support worker records, recruitment and complaints.

Overviews of people's care at a local level were carried out in team meetings and face to face meetings with the case managers and the registered manager. Feedback systems were in place to measure the quality of service provided and staff performance on a practical level was monitored through regular observations of care delivery and competency testing in areas such as the administration of medicines. Daily records, medication administration records and accidents and incident records were individually checked by case managers when they were returned to the provider's office for archiving at regular intervals. Any learning points identified through analysis of accidents and incident was recorded by the manager and then referred to the organisation's quality team who decided if any company-wide learning and dissemination of information was needed. The manager gave us an example where a change of policy had been introduced as a result of one person being put in a vulnerable position by an ex staff member. The quality and training manager told us that such changes were shared in a timely manner, as was best practice, in order to drive improvement throughout the organisation.

There was evidence that the service kept abreast of changes and best practice within their industry and specialisms as representatives from the service attended a range of events related to brain injury charities, educational events and forums.

The service had links within the community to charitable organisations. This last year the service had raised funds for the "North East hearts with Goals" charity, whose aim is to fund placing life-saving defibrillators in key areas throughout the North East region. J S Parker Limited North East Limited have raised enough money to fund three set of defibrillators. The registered manager told us they were very proud of this achievement. They informed us they worked with two people in receipt of care from their service, who were regularly involved in sporting activities within the community, to liaise with organisations and decide where to place the defibrillators that J S Parker Limited North East have funded.