

J S Parker Limited

# J S Parker - Northern House

## Inspection report

Northern House  
73 Carter Knowle Road  
Sheffield  
South Yorkshire  
S7 2DW

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19 October 2016

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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

The inspection took place on 19 October, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies and similar services. The service was last inspected in 2014, and was judged to be complying with the regulations inspected.

J S Parker Northern House provides a case management service to adults with acquired brain injury. This includes developing care and support packages and liaising with healthcare and other professionals on the person's behalf. People using the service live within a two hours drive of the provider's office in South West Sheffield. At the time of the inspection it was providing services to approximately 110 people, of whom 8 were in receipt of personal care.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the type of support they needed. People told us that they experienced a good standard of care and that they found staff to be professional, well-trained and knowledgeable.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. The provider acted appropriately where people were suspected to be at risk of harm. Risk assessments were up to date and very detailed. We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Staff had completed a comprehensive induction programme and regular training was available. This helped them meet the needs of the people they supported and understand how to provide the support and care people needed. Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

People were involved in planning their care, including being involved in recruitment procedures to choose their own support staff. People's views about their care and support was incorporated into how care was delivered. There was a system in place to tell people how to make a complaint and how it would be managed. This was explained to people when they first started using the service and revisited in annual reviews.

The registered manager had a clear oversight of the service, and of the people who were using it. Staff received regular supervision and appraisal, and the standard and quality of care was regularly monitored.

## 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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

### Is the service effective?

Good ●

The service was effective

Staff had completed a comprehensive induction programme and regular training was undertaken. This helped them meet the needs of the people they supported.

Records demonstrated that people's capacity to make decisions had been considered as part of their care assessment.

### Is the service caring?

Good ●

The service was caring

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed.

People told us that they experienced a good standard of care and that they found staff to be professional and knowledgeable.

### Is the service responsive?

Good ●

The service was responsive

People were involved in planning their care, and their views about their care and support was incorporated into how care was delivered.

There was a system in place to tell people how to make a

complaint and how it would be managed. This was explained to people when they first started using the service and revisited at people's annual assessments.

**Is the service well-led?**

**Good** ●

The service was well led

The registered manager had a clear oversight of the service, and of the people who were using it.

Staff received regular supervision and appraisal, and the standard and quality of care was regularly monitored.

# J S Parker - Northern House

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office which took place on 19 October 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care providers and similar services. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service.

We contacted people who were using the service to ask for their views and experiences of receiving support from J S Parker Northern House. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service. We also met with staff and members of the management team.

# Is the service safe?

## Our findings

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at four people's care plans and saw that they all contained assessments to identify and monitor any specific areas where people were more at risk. Risk assessments we checked had been regularly reviewed to ensure they were relevant. The risk assessments we looked at were very thorough and completed to a high level of detail.

An environmental risk assessment had been completed for people's houses where staff undertook care duties and provided support to people. These were carried out before care packages commenced, and were regularly updated. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately, and a copy of this procedure was stored in the provider's office. There was also information about safeguarding procedures displayed in the office. When people began receiving a care package they were provided with information about safeguarding and who to contact if they suspected abuse.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being delivered in a stand alone training session. Staff we spoke with had a good knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting upon suspected abuse.

Recruitment records showed that an effective recruitment and selection process was in place. Staff files included two written references, (one being from their previous employer), checks of the staff member's ID and checks of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There was a policy in place to guide staff in how to support people using medicines, including in relation to recording and storing medicines as well as administering them. People's care records showed that staff were following people's care plans and the provider's policy in relation to handling and recording people's medication.

## Is the service effective?

### Our findings

People's care was regularly reviewed, to ensure that it was effective. These reviews took place in annual documented meetings. Reviews looked at whether people were satisfied with the care they were receiving, and whether it was meeting their goals. The registered manager or other senior managers in the organisation undertook the review meetings, so that they had an oversight of the service people were receiving, and their views about it.

Staff told us that they felt the provider communicated effectively with them, and felt that this helped them support people better. We looked at file notes and saw that there was regular communication between staff and their managers, and that the communication was focussed on meeting people's changing needs.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all staff completed, included moving and handling, the protection of vulnerable adults and food hygiene amongst other, relevant training. Some training sessions were provided by healthcare professionals who were involved in people's care packages, and were therefore tailored to people's specific needs.

Staff we spoke with told us they had sufficient training to undertake their roles effectively, and said they felt the training helped them meet people's needs. Case managers were all members of a national professional body, which provided them with specialist training and guidance about their role.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and people had completed forms giving their consent to receive care.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes. Where people required assistance or prompting with eating and drinking, there were detailed care plans setting out how people should be supported. People's daily notes showed that staff were adhering to this guidance.

## Is the service caring?

### Our findings

People we contacted told us that they found J S Parker's staff to be caring. One told us the staff were "very good" and said: "My case manager is very understanding [about] what I want."

We looked at the feedback the provider had sought from people using the service, and again this was predominantly positive. Records showed that people had responded to the provider's requests for feedback with comments such as: "[My case worker] is like a dog with a bone – never gives up." Another said: "I can talk better to my case manager than anyone." One described that when they contacted J S Parker's office they were "great, they know me there, really nice."

Staff and managers had a very good knowledge of people's individual needs and preferences. One case manager told us about a person using the service who had enjoyed a specific outdoor pursuit prior to their injury. The case manager and staff had sourced a specialist trainer who could help the person experience this pastime again, and had gradually been able to enable the person, with staff support, to go on a sporting holiday so that they could once again experience the sport that they had enjoyed before their injury. Another staff member we spoke with could describe the tastes and preferences of the person they supported, and could describe the steps they take to ensure that they met the person's needs.

When people began using the service, they were enabled to choose which case manager they wanted to coordinate their care package, and were able to meet different case managers in order to help them make their decision. Following this, the case manager supported the person to recruit their own support workers, again enabling the person to choose staff who would best meet their needs.

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs in sufficient detail for staff to understand what care was required. When staff undertook care tasks they recorded details of it in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care required.

We checked four care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought by means of a regular review meeting where people's care packages were discussed and their views on it had contributed to changes in the way their support was provided.

The care plans we looked at contained information for staff about how to ensure people's dignity and privacy was upheld when staff were working in people's homes, and staff we spoke with were able to describe the importance of upholding people's dignity.



## Is the service responsive?

### Our findings

People told us that the provider responded to their changing needs, and was able to change how care and support was delivered when people requested changes.

There was a system in place for formally reviewing people's care. We checked records of this and saw that people's views and preferences had been taken into consideration, and these were incorporated into any changes in the way people's care was delivered. The provider had recently reviewed and altered the way it conducted reviews of people's care, to ensure that people could contribute better to it.

We checked four care files, and saw they contained detailed information about all aspects of the person's needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff understood what was required. There was information in each person's care plan about their life histories, families, hobbies and interests, and, where appropriate, employment history, to help staff better understand the person they were supporting.

Records we checked showed that staff completed a daily record for each person, which described care delivered, all interactions and support provided, and how the person had been during the period being recorded. Staff completed these records to a very good level of detail, so that managers could monitor what care was being provided and whether it was being provided in accordance with people's assessed needs.

Records we looked at showed that the provider worked responsively with external healthcare professionals, who were highly involved in people's care. Care plans reflected guidance from healthcare professionals, and people's notes showed that staff were following this guidance.

In the provider's Provider Information Return (PIR) which we asked them to provide prior to the inspection, they told us they had received two complaints in the year prior to them completing the PIR. We checked complaints records and saw that complaints had been well documented, and the provider had responded in a timely and detailed manner to ensure complaints were appropriately addressed.

We checked the provider's arrangements for enabling people to make complaints. People were provided with information about how to make a complaint when they began using the service, in the form of a guide which included other information about what they could expect from the service. The guide told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. People's knowledge about how to make a complaint was also discussed during their annual reviews of their care and support, and people were also given the opportunity to raise any concerns at that point.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by case managers as well as a structure of senior managers within the organisation.

We asked staff whether they felt supported by the provider. They all told us they did. One staff member said: "It's a great team here, everyone's really supportive and [the registered manager's] door is always open. I can get help whenever I need it." The case managers we spoke with described how the team within which they worked had a wide range of skills and qualifications, meaning that there was expertise within the team when they needed guidance.

People using the service said that they knew who to contact in the office if they had any concerns, and told us that they were able to contact their case manager by email or phone when they needed to.

There was a system of team meetings, staff supervision and appraisal to enable staff to understand changes and developments within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff we spoke with told us they found supervision to be a helpful and effective way of problem-solving issues within their work and some told us that it contributed to combatting stress.

The provider had a comprehensive audit system in place, which included formally auditing care plans, personnel files and operational performance. Staff responsible for carrying out audits had clear and effective systems in place to ensure that audits were carried out within the appropriate timescales and actions were followed up. The provider had recently introduced an initiative referred to as "Lockdown Day" which was a regular day in which there were no meetings or appointments so that staff could ensure all paperwork was up to date and people's records were in order.

The provider's system for monitoring incidents and accidents was thorough, and enabled learning across the organisation from untoward incidents. For example, a recent security concern was shared throughout the organisation, resulting in practice being changed to improve security for people using the service.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. These were available in the office, and policy issues were discussed, where appropriate, in team meetings and supervisions. An initiative had been introduced called "Policy of the Month" where specific policies were discussed in team meetings, in order to enhance staff knowledge about them.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. We saw that where required, the provider had made appropriate notifications to CQC.