

J S Parker Limited

J S Parker - South West Centre

Inspection report

7 Troutbeck Road
Sheffield
South Yorkshire
S7 2QA

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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

About the service: J S Parker - South West Centre provides a case management service to children and adults with an acquired brain injury living in their own homes. This includes developing care and support packages and liaising with healthcare and other professionals on the person's behalf.

The service is registered with the Care Quality Commission for the regulated activity of 'personal care'. At the time of this inspection, a total of 30 people used the service. However, only 8 people were in receipt of support that included personal care.

Throughout the report we refer to 'case managers' and 'staff'. Staff were employed to deliver care and support to people who receive a service from JS Parker. Case managers were employed by JS Parker to assess, implement and coordinate people's care and support. This included responsibilities for the recruitment, management and support of people's staff who deliver their care.

People's experience of using this service: We found a strong leadership framework in place. This meant there were clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded. The service benefited from a highly experienced registered manager and they were well supported by a dedicated and enthusiastic multidisciplinary team. Staff felt especially valued and respected, their views were listened to and considered. This led to a content and motivated staff team.

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. Teenagers and younger adults benefitted from case managers with the skills and experience to support people effectively with changing developmental needs. People's families were treated as equal partners in their care and support. One case manager said, "It is a much about the parents' needs as the client's needs and we guide them all through their care and support. It is about supporting the family as a unit." Care plans were highly personalised and gave clear information on how to support people beyond just their physical needs to ensure their entire person-hood was upheld. People's goals and aspirations were clearly identified in their care records and we saw many examples where the service had helped them to fulfil these.

Staff were effective in their roles and sought the best outcomes for the people they supported. The service benefited from a range of in-house professional expertise which meant a responsive level of training and continuous development was provided in line with the person's needs and developments in best practice.

People were given every opportunity to be valued and equal partners in decisions around their care and support. For example, people or their representatives were empowered to select the own staff team and ask questions during staff interviews. The service encouraged people to maintain a healthy diet and worked collaboratively with external services to promote people's wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Rating at last inspection: At the last inspection the service was rated 'Good.' (published 29 November 2016).

Why we inspected: This was a planned routine inspection based on the previous rating.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

J S Parker - South West 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector from the Care Quality Commission (CQC).

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because the service is community based and we needed to ensure staff would be available to support the inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from other external agencies such as local safeguarding and quality teams and no serious concerns were shared with us.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with four people's relatives who received a service from J S Parker. We spoke with the registered manager, regional quality and training manager, clinical lead, two case managers and three support workers.

We reviewed two care plans and associated documentation and three staff files in relation to recruitment and supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from abuse and neglect.
- Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. The provider had developed and trained their staff to understand and properly apply safeguarding policies and procedures.
- One case manager said, "[Registered manager] has really brought the team on and really cemented our approach to safeguarding. I can speak freely in supervision if I have concerns and [Registered manager] will always make time. Really supportive."

Assessing risk, safety monitoring and management;

- Risks associated with people's care and support were identified and plans were in place to help manage the risks. One case manager said, "All clients support packages are safe and appropriate. We spend a lot of time assessing risk. We also spend a lot of time with support workers, particularly lone workers, to help raise their confidence and make sure they provide safe care".
- Case managers worked collaboratively with external bodies to ensure risks were well-managed outside of the home. For example, one relative said their case manager had been involved in risk assessing their child's school to see what adaptations they may require.
- People's care records included risk assessments which were used to assist in the reduction of potential risks. These were regularly updated and monitored as part of the service's audit system. Any shortfalls were identified and addressed.
- Staff at all levels were aware of how to manage risk within the service.

Staffing and recruitment:

- Through a collaborative recruitment process people and their relatives were able to select a staff team which was right for their needs. Case managers supported the selection process to ensure safe recruitment practices were followed and legal standards were met.
- Relatives told us their family members consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. Comments included, "I have been involved in the recruitment of staff. [Family member's name] absolutely loves their support worker. It has been through lots of permutations of support workers to get the right team. This arrangement works very well" "Whole heartedly I have been involved in the recruitment process. Even down to the content of the contracts so it is right for everyone" and "Very reliable (staff). No late or missed calls. I can always go to JS Parker directly if we had a problem. The communication is good, it is down to the decent systems and good staff."
- On very few occasions agency staff were used to ensure people received uninterrupted support. The provider had a clear process for using agency staff and only used agencies registered who additionally provide personal care registered with CQC.

Using medicines safely:

- Where support with medicines was part of an assessed need, appropriate systems and procedures were in place to ensure this was managed safely. This included arrangements for the storage, administration and disposal of medicines.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence.
- People had a support plan that included information about any medicines they were prescribed and clear guidance about the support people required from staff.
- Case managers carried out regular checks of people's medication records to ensure they were receiving their medication safely.

Learning lessons when things go wrong

- People benefitted from a service that used lessons learned to improve, and to minimise the risk of accidents and incidents occurring.
- Systems were in place to support the analysis of any accidents and incidents, to support planning and to reduce the risk of reoccurrences. All incidents were reviewed by people's allocated case managers to ensure the service was responsive to risk or emerging risk. Where an incident or future risk had been assessed as serious, senior managers carried out further quality checks to promote people's safety.
- Staff were clear they should report any accidents and incidents and maintain clear written records. Records showed appropriate actions were taken to reduce reoccurrences, such as changes to people's care plans.

Preventing and controlling infection

- People said staff used personal protective equipment (PPE) such as disposable gloves and aprons to help in the prevention and control of the spread of infection.
- Staff received training in infection prevention and control and case managers observed staff practice, to ensure people were receiving their care safely.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People were confident about the staff's training and competence.
- New staff completed a blended learning program of classroom-based training and a period of shadowing with an experienced staff member before they began to work unsupervised. The training package aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers.
- Staff inductions were person focussed and tailored to people's individual support needs. For people with specialist support needs, the service organised extra training for staff, so they consistently provided safe and effective care. One relative said, "JS Parker provide all the training to staff. If I can suggest specific training, they do it. They are really good. They do tailored training for [family member's name], for example, staff have received epilepsy training. They have also done hoisting training. We have the proper slings. [Family member's name] is familiar with the slings and staff so feels safe when being moved."
- The provider's supervision and appraisal system gave opportunities to staff to review their individual work and development needs. Staff told us they had regular supervision and praised the standard of support they received from their case manager. Equally case managers said they were well supported by the registered manager and had regular opportunities for one to one supervision.
- At each JS Parker site they had a nominated 'champion' to lead on key areas related to people's support. For example, there were champions for Mental Capacity Act, dignity, medicines, data protection. The medicines champion was a registered nurse and had a specialist interest in medicines. It was their responsibility to keep abreast of changes in medicine practice or policy and share learning with other staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support:

- People's care and support was planned in partnership with them and staff understood people's diverse values, beliefs and preferences. One relative said, "They [case manager] are very supportive at listening to my requests and tailoring the package to what I feel [family member's name] needs."
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.
- Staff had a good knowledge of the healthcare needs of the people they supported.
- Due to the nature of the service provided by JS Parker, a range of professionals were involved in a person's journey from the point of first referral. This included solicitors, health and social care professionals and the criminal or civil courts. This meant comprehensive and detailed assessments of need had been completed from a very early stage.
- The service and professionals working within it, had been fully accredited with the British Association of

Brain Injury Case Managers, with several professionals, including the registered manager, accredited as advanced practitioners. This meant the service operated within a framework that offered high levels of quality assurance around standards, competencies and a code of ethics.

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

- People were supported to receive a balanced diet where needed.
- People's care file showed that their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were developed jointly with people and where appropriate, other professionals such as a dietician or speech and language therapist.

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 with appropriate legal authority. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DiDS) and can only be authorised through the Court of Protection.
- The provider had a clear process for obtaining consent before care and treatment was provided.
- Staff had received relevant training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty and best interest process.
- Some people who used the service had deputies appointed by the Court of Protection to oversee their care and finances. Case managers worked collaboratively with people's deputies to ensure decisions about their care and finances were made in best interest.
- The service understood the laws which govern consent and parental responsibility for children and young people.

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.

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's cultural needs were assessed when their care packages were devised. Their cultural backgrounds and religious needs had been recorded and we saw, where required, care packages had been designed around this.
- Through talking to staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Relatives told us they felt staff treated their family very well and upheld their rights. Comments included, "They have been very good", "They [staff] speak to [family member's name] like a normal person. Always chatting to them", "It has enabled us to be parents again. Things have gone very well" and "We are really pleased with JS Parker. They are really client focussed and adaptable."
- The provider had received many written compliments conveying high levels of satisfaction in the service they received. One relative complimented the case manager who supported their family member, "Just a quick personal thank you, your views were really helpful."

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

- People who used the service told us they took part in regular reviews with their case manager, where they could voice their opinions about the care provided and were involved in decisions about any changes.
- People's choices in relation to their daily routines were listened to and respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member received exceptional care from kind, considerate and caring staff.
- We heard lots of positive and creative examples where people's independence was actively encouraged and promoted by the service. One example, a younger person received support from a staff member, also known as their 'buddy', who was similar in age. The buddy accompanied them to and from school, social outings and around the home. The aim of the buddy system was to create a positive relationship which aided learning and development of this person's social and independent living skills. Feedback from the person's relative confirmed this approach was very effective and they had seen visible growth in their family member's independence.
- Staff felt especially valued and respected, their views were listened to and considered. This led to a content and motivated staff team.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Care plans were written in a person-centred way that gave staff clear guidance about how to support individual people. Care plans were developed with people and not for people.
- Each person who received a service was allocated a case manager. Case managers were responsible for assisting people in setting up and managing their own package of care. Case managers would also typically provide support and professional expertise around issues such as co-ordination of care and therapy services; design, implementation and monitoring of care/support plans; assistance with welfare benefits and attendance at legal proceedings.
- Through the case management approach, people were supported to access a range of services including occupational therapy, physiotherapy and psychology. This multidisciplinary approach helped to ensure care and support was joined-up and responsive to people's individual needs.
- The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service to be highly effective in ensuring people's communication needs were met. This included communication via email, easy-to-read documents, large print, and staff trained in British Sign Language.
- Staff communicated effectively with the people they supported. One staff member we spoke said they supported a person who was non-verbal. They used assistive-technology to help the person communicate with their eyes, which was transcribed to a computer screen. They said they encouraged the use of assistive technology as much as possible to promote their choice and independence. Through discussion with this staff member it was evident they also had a strong understanding of this person's non-verbal cues, such as facial expressions or hand gestures, in order to communicate with them via other means.
- People benefited from a service which was not only sensitive to their needs but also to the needs of their family. For example, a case manager had arranged for a therapist to meet with a person's family to talk through their therapeutic and communication support needs. This helped the person's family engage more effectively with their support.
- Teenagers and younger adults received case management support from a 'transitions team'. This team was equipped with the skills and expertise to effectively support and prepare people for the transition to adult services, should they wish. Case managers within the transitions team possessed a good understanding of people's changing developmental needs and how best to support them. One case manager in the transitions team said, "It is a much about the parents needs as the client's needs and we guide them all through their care and support. It is about supporting the family as a unit."

Improving care quality in response to complaints or concerns:

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.

- People were actively encouraged to discuss their concerns and due to the high levels of open engagement this impacted positively on the number of received complaints. For instance, one relative said, "I thought I had an issue with one carer about medicines but they [case manager] sorted it straight away. We [case manager, family and staff] had a meeting and discussed it in an open way. Absolutely, JS Parker really are good." All relatives we spoke with said they felt confident raising a concern should they need to.

End of life care and support:

- At the time of our inspection, the service was not supporting anyone who required end of life care. The registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

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:

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service was well-led and staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. The service benefited from an experienced registered manager and they were well supported by a dedicated and enthusiastic multidisciplinary team. Staff commented, "[Registered manager] is very supportive. I am very impressed. The support individually and at a client level", "The senior managers are responsive, and they support us if we need it", "Genuinely we are a caring service throughout the entire organisation" and "The work is challenging, enjoyable and fun".
- Case managers told us the registered manager was responsive to changing work-loads and they had enough time to provide high-quality case management support to people, relatives and their staff team. The registered manager protected case manager's time one day each month to ensure administrative and record keeping tasks were up to date.
- There was a well-established and fully embedded governance framework in place. Systems and processes for audit, quality assurance and questioning of practice were highly effective. Although the service is required to identify people who were in receipt of a regulated activity for regulatory purposes, the registered manager told us all people (regulated and non-regulated) who received a service, were subject to the same quality assurance processes. This ensured JS Parker provided a consistently good service across the entire organisation.
- The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. This was evidenced through an effective clinical governance framework operated at both local and national level. For example, organisational learning had been implemented around staff who were deemed to be 'lone workers' and emergency arrangements for out-of-hours.

Continuous learning and improving care; working in partnership with others; planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes. This was well evidenced through membership and accreditation with a range of professional organisations including the British Association of Brain Injury Case Managers (BABICM). The service had developed a clinical induction program for case managers spanning across three years to help them achieve 'advanced practitioner' status.
- The service was outward looking and always sought new opportunities to work with others. Staff attended local registered manager forums, skills for care events and education seminars provided by relevant

organisations.

- Staff within the service were active members of various forums and associations to maintain their competency and status as registered professionals.
- There was an open, honest, caring and positive culture across the service. This was clearly led from the top down. The management team operated an 'open door' policy and people told us the registered manager and senior leadership team were supportive and approachable.
- All accidents and incidents graded as moderate risk or above result in a lessons learned from being completed, which was then shared across all provider locations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The clinical lead (senior manager) told us it was their philosophy the service should be person-led and not process led. This was clearly evidenced in the service's high-levels of stakeholder engagement, which actively encouraged people, staff and outside professionals to question practices in order to raise standards.
- The service had a personalised approach to gathering feedback from people who used the service. As part of the provider's annual quality assurance process people and their relatives were offered a yearly review, either with the registered manager or a senior case manager not directly linked to their care. This enabled people to speak freely about the service they received with a senior staff member in the organisation. We saw clear evidence these discussions were meaningful, and feedback was responded to quickly. As part of this quality assurance process the provider also sought feedback from support staff and professionals involved with each person's package of care.
- Staff completed an annual survey, so they could submit feedback about working at the organisation. The information and data collected was brought together into an annual quality report which was made available to people and stakeholders. In addition to the staff survey, they were able to access 'Yammer', which is a private social media platform and enabled staff to communicate internally. Staff spoken with said they felt listened to and the quality of communication was good at all levels in the organisation.
- The service's clinical training lead completed 'Equality and Diversity Train the Trainer' course. They embedded their learning into practice by updating the provider's policies and procedures and in-house program of training on equality and diversity.