J S Parker Limited

J S Parker Limited North East

Inspection report

Bearl Farm
Bywell
Stocksfield
Northumberland
NE43 7AJ

Tel: 01661845960

Date of inspection visit:
03 December 2018
05 December 2018
13 December 2018

Date of publication:
30 January 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: J S Parker provides support to people with acquired brain injuries. Professionals refer to the service for assessments of people's needs and assistance in setting up a personal care service in people's own homes. Case managers employed in the service coordinate assessments and support people to recruit their own staff team. The service employs occupational therapists to carry out individual assessments and provide person centred care plans. The service trains and supports staff teams around each person to provide a bespoke service. Reviews of people's on-going needs were carried out.

People's experience of using this service:

People and their relatives for the most part had a very positive experience of this service. They felt well supported by the case managers and the staff employed to deliver personal care.

We found where agency staff had been engaged, checklists to ensure they were suitable to work in the service had not been used. We made a recommendation about this.

It was drawn to our attention that whilst staff worked out of hours and overnight there was not an on-call service to support staff should they experience difficulties or become unwell. We made a recommendation about this.

Staff told us they felt supported through induction, training, supervision and appraisal. We found there was a supervision policy for staff who were directly employed by the provider. There was also a guidance sheet for staff who were employed by people using the service and who were delivering personal care. These staff were not routinely receiving 1:1 supervision. We made a recommendation about this.

Pre-employment checks were carried out on staff to see if they were suitable to work with people in their homes.

Case managers supported by occupational therapists and other professionals had drawn up person-centred care plans to guide staff providing personal care. Personal risks were identified and steps had been taken to reduce each person's risks. Relatives reported to us that staff engaged with other professionals and took their advice to meet people's needs. Case managers carried out reviews which ensured people's care plans were up-to-date

People's medicines were safely administered by staff who had been assessed as competent to do so.

Staff had been trained in safeguarding and understood how to report concerns.

Accidents and incidents were reviewed by case managers to prevent re-occurrences. Staff understood they were required to report these incidents as soon as possible.

Staff supported people to devise menus, shop for food and eat and drink in their own homes and in the community.

Case managers held team meetings around each person. Staff confirmed they attended these meetings. The minutes of the meetings showed staff were involved in planning people's care.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff understood where restrictions were in place and their role in keeping people safe.

People and their relatives told us staff were kind and caring. They were complimentary about case managers and staff who provided personal care. Relatives spoke with us about staff being respectful towards them. Staff knew people well and told us about people's likes and dislikes. We observed them responding promptly to people's need and providing reassurance. They promoted people's independence.

Relatives told us communication between them and the staff was good. Arrangements were in place to ensure staff were kept up to date with relevant information about people's needs.

People were enabled by staff to participate in community based activities of their choice. Participation was supported by risk assessments and staff helped people maintain their routines.

Quality audits were carried out by the quality team. Actions to improve the quality of the service were identified and followed up. We found some areas which required further improvement

The service had raised funds to purchase defibrillators for local charities. They had also supported another local charity to get their message about the dangers of violence.

Rating at last inspection: Good (Report published June 2016)

Why we inspected: This was a planned inspection. It was scheduled 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.

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 was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One adult social care inspector and one expert by experience carried out the inspection. 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: J S Parker Limited provides assessment and support to people who have acquired brain injuries. Case managers recruit, train and support staff who provide the regulated activity of personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. 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 informed the service on the Friday before our inspection visit that we could be commencing our inspection on the Monday morning. This was to ensure staff would be available to support the inspection.

Inspection site visit activity started on 3 December 2018 and ended on 13 December 2018. It included visits to the office on 3 and 13 December 2018 to see the manager and office staff; and to review care records and policies and procedures. We also visited people in their own homes to seek their views about the service.

What we did: We reviewed information we had received about the service to plan the inspection. This included details about incidents the provider must notify us about, and we sought feedback from the local

authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: We met with two people who used the service and observed the interaction between them and their staff team. We also spoke with the registered manager, case managers, and staff who provided the regulated activity of personal care. We spoke by telephone to 11 relatives.

We reviewed a range of records. This included care records for four people and various records related to recruitment, staff training and supervision and the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels
• Staff had been recruited safely and specifically meet people's needs. The provider ensured that people who were employed in the service were suitable to work with people needing personal care in their own homes. One relative told us, "Absolutely no problems with the support workers. My [relative] isn't 24-hour care but lateness hasn't been an issue. They are very safe with all his staff." Another relative said, "We feel safe with all the staff and they are all very good at caring for [the relative]."

• Agency workers were being used in the service to meet people's needs. Agency staff employment histories and training records were provided to the service. The registered manager spoke with us about the contract which was in place with employment agencies and specified the requirements of agency staff. During the inspection the registered manager sent us checklists for staff to use to monitor if the agency staff met the requirements. Staff could not provide us with evidence the checklists were used but told us they reviewed the information about each agency worker. A copy of one agency worker's background information was shared with us where they had listed their training. The training had no dates for their courses and therefore did not indicate if their training was up-to-date.

We recommend the provider reviews their monitoring of agency staff.

Assessing risk, safety monitoring and management
• Staff did not have access to additional management support out of hours for advice and guidance to reduce the risks to people should the staff be unable to fulfil their duties.

We recommend the provider reviews the arrangements to support staff working out of hours.

• Staff, when appropriate, carried out security checks in people's own homes before they went to bed.
• Staff understood what actions to take to avoid people coming to any harm.

Systems and processes
• Risks had been assessed. In depth and person-centred risk assessments were carried out. For example, to reduce the risk of people becoming distressed both in the community and their own home.
• Staff were required to immediately report any accident or incident. These were submitted electronically to case managers who reviewed the reports for any trends and to reduce the risk of avoidable harm.
•Staff had been trained in how to safeguard adults and children. The registered manager had submitted notification to CQC where safeguarding concerns had arisen.
• Case managers had regular contact with people and their families to review and monitor progress

Using medicines safely
• Medicines records were well completed in their own homes and showed people had received their medicines as prescribed.
• Case managers with experience of the use of medicines carried out competency checks of staff who administered people's medicines.

Preventing and controlling infection
• Staff confirmed provision was made for them to use personal protective equipment when carrying out personal care. Staff showed us their cleaning rotas and told us how they enabled people to live in their own homes in a clean environment.

Learning lessons when things go wrong
• Staff closely monitored people's needs and reported incidents where additional risks became evident. These incidents were reviewed by case managers and lessons learnt. Additional guidance was provided to staff where necessary.
• The provider used their North East Action and Sharing Notes to share lessons learnt across the organisation.

Good

Is the service effective?

Our findings

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

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
• The provider used information supplied by other agencies as a basis for assessing people's needs and choices.
• The provider utilised the standards described by other agencies such as the British Association of Brain Injury Case Managers (BABICM) to deliver people's care.

Staff skills, knowledge and experience
• Staff felt well supported by the provider. They spoke of receiving training and supervision. Staff also received an annual appraisal.
• Relatives felt staff were well trained. They told us, "Yes, they are well trained. [Person] uses a hoist and there's never been a problem. They are good with all the equipment. They do wear protective clothing." Another relative said, "[Person] is fully dependent and the staff have all had the training. Some do learn on the job from the more experienced members of staff."
• Staff who were new to the service were provided with an induction.
• Case managers with oversight of people's care needs identified which training staff needed to support each individual person. Staff who delivered training told us staff receive bespoke training so they are competent to meet the needs of each person who uses the service.
• Case managers also held team meetings around each person for staff to discuss any concerns and plan the person's care. Staff confirmed they were involved in planning people's care during these meetings.
• The provider had a supervision statement for staff directly employed by them. They also had a statement for staff delivering personal care. It stated, "Staff will receive regular structured supervision looking at professional care issues and personal development needs. The provider also sent us information about four staff and their supervision. We found the delivery of recorded one to one supervision was not consistent across staff members who delivered personal care. Following the inspection, the provider sent us more information and explained why there were variations in staff supervision.

We recommend the provider reviews their supervision statements in line with their business and regulatory requirements as is necessary to enable staff to carry out the duties they are employed to perform.

Supporting people to eat and drink enough with choice in a balanced diet
• Staff were aware of people's nutritional and hydration needs. People were supported to eat and drink by staff in their own homes and in the community. Staff assisted people to do their own food shopping where possible. Menus for people were designed to reflect their personal tastes.
Staff provided consistent, effective, timely care within and across organisations
• The registered manager, case managers and the staff made sure the service met the person's needs.

Adapting service, design, decoration to meet people's needs
• People lived in their own homes. Staff supported people to maintain their environment and assisted people to design and decorate their homes.

Supporting people to live healthier lives, access healthcare services and support
• The service worked well with other organisations so people received the healthcare they needed. One relative told us, "We have regular contact with the Occupational Therapist and Speech and Language and we always ask them for a plan too which can then go in our care plan. The team always take on board the advice from the specialists."
• Specialist occupational therapy support was provided by the service. This resulted in staff having guidance and support to ensure people lived emotionally and physically healthier lives.
• Diaries which documented people's appointments were maintained by staff. Staff supported people to their appointments and recorded the outcomes.
• The provider had a recording framework in place which allowed staff to provide detailed information about people's healthcare needs.
• Staff closely monitored people's health. They had contacted doctors and emergency healthcare support where people became unwell and made referrals to healthcare professionals to help people live healthy lives.

Ensuring consent to care and treatment in line with law and guidance
• We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The registered manager and staff followed all the principles and guidance related to MCA. People using the service had deputies appointed by the Court of Protection to oversee their care. The deputies appointed the provider to meet each person's needs. We found the provider accounted for their actions to each deputy. Consent had been obtained from people for the provider to deliver their personal care.
• In 2017 the provider shared learning on capacity assessments. Actions were agreed on using best interests' documentation. Best interests' decisions were documented as required. During our inspection we found a GP had written a letter to state it was in a person's best interests to have their medicines given covertly. One person had been taken to the GP for a flu jab. We asked the registered manager if a best interest's decision had been taken for this. They told us it would be the GP who made the decision on behalf of the person. However, we found in one person's file there was no record of any staff involved in the care of a person who lacked capacity, how the decision was reached and who was consulted to help work out the person's best interests as prescribed by the Mental Health Act Code of Practice.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
• People and their relatives described staff as being kind and caring. One person rated their staff 10 out of 10 for caring. One relative told us, "I've nothing but praise for them (the staff). They are brilliant. The staff are regular and good time keepers. I find that I can ask them anything. The support they give is superb." Another relative said, "The care is very good. If it wasn't, we wouldn't be with them, it's as simple as that."
• We observed staff and found they were alert to each person's needs. They showed us they understood the need to provide reassurance to people and explain what they were doing. A relative told us, "I think the standard is very good. They do respect him certainly. We've started to build good relationships with his team."
• People's histories were well-documented. This enabled staff to respond to conversations people wanted to hold about their past.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives felt the communication between them and their team was positive. One relative said, "Communication is very good. They get on well with me and the family and are very polite and pleasant."
• Staff understood how people communicated their feelings through their body language and behaviour.
• Care plans described the language which should be used with people to enable them to make choices. Staff described to us the words they should use.
• It was evident from the conversations we had with staff they knew people very well. They enabled people to participate in the inspection and express their views. One staff member spoke of listening to a person to detect the threads of what they were saying so they could respond to them.
• Staff understood the use of advocacy. They had worked with relatives as natural advocates for people who used the service and acted in the capacity of an advocate when people had additional needs. In their information to people the provider stated they were able to support people to access an advocacy service.

Respecting and promoting people's privacy, dignity and independence
• In the information booklet for people who used the service the provider stated they believed every person should be treated with respect, compassion and sensitivity. Relatives told us staff demonstrated these values in their work. One relative said, "The staff treat [person] with respect and dignity and I can't fault anything." Another relative described the staff as "respectful and easy going."
• Care plans guided staff on how to promote people's privacy and dignity. This included issues such as language to use when speaking to people.
• Staff supported people to be independent. Care plans described how people could be engaged in housework or meal preparation. One staff member described how a person had increased their

independence with support to eat, brush their teeth and wash their face.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs are met
• Case managers engaged a team of people around each person to assess and meet people's needs.
• Staff were provided with detailed plans about people's needs and given specific instructions on how to support people. For example, staff were given guidance on how to transfer people to their vehicle and being out in the community.
• People were supported to participate in their local community facilities. Staff assisted them to access and be involved in activities they enjoyed. Staff were alert to people becoming fatigued and worked with people to support the involvement in their activities at their own pace.
• People had daily and weekly plans in place for their preferred activities.

Personalised care
• Assessments of people's needs and care plans were drawn up with people who used the service and their case managers. These plans were person centred.
• The provider employed specialist occupational therapists who assessed people's needs and provided detailed guidance on delivering people's personal care. Their guidance was stored in people's care plan files.
•Case managers employed by the provider held review meetings with people and their relatives which ensured people's care plans were accurate and up-to-date.
• Staff maintained daily notes in line with people's needs. This information was available to staff on duty to keep them up to date.
• Where patterns had emerged of people's distress reactions, guidance had been put in place for staff to follow.
• Daily notes were maintained by staff which reflected they had delivered person centred care.

Improving care quality in response to complaints or concerns
• People and their relatives knew how to make a complaint. Details on the complaints process was available to people in an information handbook. People told us they knew how to make a complaint. The registered manager had thoroughly investigated a complaint and provide a suitable response.

End of life care and support
• No one using the service was receiving end of life care. Staff were sensitive to people's needs and wishes and understood it was not always appropriate to discuss end of life care with younger people and their parents. As a consequence, they had emergency plans in place should the need arise for people to have urgent health care.

Requires Improvement

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

• Staff who provided personal care worked evenings and weekends and sometimes through the night. It was brought to our attention that there was no out of hours service to which staff working on their own could contact in case of an emergency either when they required additional support, advice or if staff became unwell. A lone working policy for JS Parker staff was for those who were office based. A guidance sheet was provided for staff delivering personal care. This did not include what steps to take when they were unexpected risks when carrying on the regulated activity. Care plans about out of hours support did not always mitigate risks.

We recommend the provider considers the support available to staff providing personal care out of office hours.

•The registered manager spoke with us about events which had recently come to light and which they were currently investigating. They demonstrated openness and transparency.
•Relatives we spoke with about the management of the service mainly identified with the case managers they met on a regular basis. The feedback we received on the case managers was for the most part positive. One relative said, "I only really deal with the case manager but they are very competent and approachable." Another relative said, "To be honest, I don't know the managers. I know [case manager], but that's about as high up as I go. They are very good. They deal with everything basically, they have been fantastic. We do have a brochure with the managers in but I've never had to contact them."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements
• During the inspection we discussed with the provider their registration and sought further registration advice. We found the service was appropriately registered with CQC. The registered manager was meeting the registration requirements and submitting statutory notifications as required.
• The provider employed a quality team who carried out six monthly audits of each service. The quality audits for this service showed there had been an increase in their performance.
•The registered manager told us spot checks were carried out on staff at least once per year and case

managers observe interactions at events or when staff bring people to the office. These latter observations to monitor the interactions between staff and people who use the service were not always documented to show they had taken place. Following the inspection, the provider sent us a list of spot checks carried out on staff who had been in post over a year. Staff with less than a year in post were identified for a future spot check.
• Audits of people's care planning were carried out and reviewed.

Engaging and involving people using the service, the public and staff
• The provider was successful in gaining Arts Council funding is a collaboration with partners to develop a Dignitree project. This included involving people to create leaves using words with what dignity means to them. A culmination event was planned in 2019 when a tree will be developed using the leaves to promote people's dignity when using services.
•The service had raised funding for the Great North Air Ambulance and had supported a person who used the ambulance service to visit them

Continuous learning and improving care
• The provider supports case managers employed in the service to be accredited with the British Association of Brain Injury Case Managers (BABICM). All of the case managers employed by the provider are required to become members of BABICM and to work towards achieving advanced level membership.
• A system for JS Parker staff to share learning across the organisation was available. Examples given to us by the provider were dated 2017 and included an agency staff member not able to find a person's home and the use of capacity decision making.
• Training staff had recently been recognised by an external organisation for their commitment and improvements they had made to the development of staff.
• On going monitoring of the service was carried out to measure for example, accidents and incidents and people's reviews.
• Quality surveys were undertaken including staff employed directly by the provider and staff providing personal care to people in their own homes. Between January 2018 and 4th December 2018, 19 of the latter staff group had responded. The comments were positive.
• The service sets goals and objectives for each year.

Working in partnership with others
• There was clear partnership working with other professionals including health care staff and legal services to address people's needs.
• Personal care was provided to children and young people. Partnership working was in place to work with young people's parents and carers.
• The registered manager was engaged in supporting other charities working with people who have acquired brain injuries.
• The service had supported a local charity which raises awareness of how one punch can change a person's life by helping them connect with people to get their message out.