J S Parker Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our inspection took place on 19 September 2016 and was announced. At our last inspection on 22 January 2014 we found the provider was meeting all the standards we looked at.

JS Parker is a brain injury case management, rehabilitation and support service that provides support and care to people of all ages living in their own homes. At the time of our inspection there were 47 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Everyone we spoke with told us they or their relative were very safe using the service. Risks associated with support and care were assessed, and the provider documented this in a person centred way which ensured staff understood how to minimise risks in ways the person preferred. The provider had a proactive approach to positive risk taking, meaning people were able to follow their preferred lifestyles safely.

Staff recruitment was carried out safely and was bespoke to each support package, and people who used the service and their relatives spoke positively about their involvement in the processes. They were able to spend time with candidates and ask them questions, and said they gave feedback which helped the provider make recruitment decisions.

Staff received a thorough induction and the provider had a rolling programme of training in place to ensure staff remained effective in their roles. In addition staff told us they had regular supervision meetings and an annual appraisal, and felt they had adequate contact with managers to discuss their performance and ask for and additional training they felt they needed.

Staff understood the principles involved in safeguarding people and the different forms potential abuse can take and when and how to report their concerns. Staff said they were confident the registered manager would act on information reported to them, and understood they could also report concerns to external bodies such as the CQC.

People's medicines were managed safely. Staff received regular training in the administration of medicines and case managers regularly observed their practice. Records relating to the administration of medicines were completed correctly.

Consent was gained appropriately for all support and care from people who used the service. People's capacity to make particular decisions was recorded, and there were appropriate processes in place to ensure people received help to make decisions they could not make for themselves.

People who used the service were supported to have access to healthcare professionals, and we were told staff worked well with these teams to further their understanding of people's needs.

We found people who used the service had good relationships with their support workers. Staff had access to information about people's likes, dislikes and preferences in the support plans, and we saw evidence of people's involvement in writing these.

The provider had a robust approach to embedding principles of privacy and dignity in staff practice, and we received good feedback about this approach from people who used the service and their families.

Support plans were based on a pre-assessment by the provider to ensure they could meet people's needs before they started to use the service. This assessment was used to devise a series of individual activity plans which showed how support should be provided. We saw people were involved in regular reviews of the support plans to ensure they always reflected people's up to date needs.

The provider had systems in place to ensure complaints were recorded and investigated appropriately. People told us they received information about how to make a complaint when they started using the service and said they had confidence any concerns would be resolved.

People we spoke with were very complimentary about the service and said they would have no hesitation in recommending it to other people. Staff told us the culture was supportive and they found the case managers and registered manager approachable and prepared to listen to their feedback.

There were systems and processes in place to measure, monitor and drive improvement in the quality of the service, and we found the provider had a culture which valued lessons learnt, celebrated successes and shared experience in order to ensure quality.

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 provider ensured risks associated with care and support were documented along with guidance to help staff minimise those risks. People were supported to maintain their preferred lifestyles because the provider enabled them to take positive risks safely.

Recruitment of staff was managed safely, with appropriate checks made to ensure people recruited were not barred from working with vulnerable people. There were sufficient staff to meet people's needs.

Staff could identify signs of potential abuse, knew how to report any concerns and were confident appropriate action would be taken by the registered manager and provider.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills, training and management support to be effective in their roles.

The provider assessed, recorded and acted on people's ability to make decisions appropriately. Consent was obtained from or on behalf of people who used the service before any support or care was given.

People who used the service and their relatives said staff worked well with other health professionals who were involved with providing support.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in recruiting the staff to work with them, and we were told they had good relationships.

The provider involved people and their families in writing support plans, and we saw these contained detailed information about people's interests, likes, dislikes and preferences.

Is the service responsive?

Good

The service was responsive.

The provider carried out an assessment before people started to use the service to ensure their needs could be met. Support plans were regularly reviewed with input from people and their families.

The provider had processes in place to ensure any complaints were recorded and investigated appropriately. People received information about how to make complaints and said they were confident the registered manager would act on what they were told.

Is the service well-led?

Good

The service was well-led.

We received good feedback about the registered manager and leadership in the service. Staff felt they were respected and were working towards a shared vision.

There were processes in place to measure, monitor and improve quality in the service.

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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 19 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary support service and we needed to be sure someone would be in the office to speak with us. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service and provider, including past inspection reports and notifications we had received. Notifications are reports from the provider about certain events such as injuries to people which have to be reported to the CQC. In addition we contacted Healthwatch and organisations commissioning support packages from the provider. They did not send us any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent a provider information return (PIR) before this inspection. The PIR is a form that asks the provider to give some key information about the service; what it does well and any improvements they plan to make. We reviewed this as part of our planning.

During the inspection we spent time speaking with the registered manager, two case managers and the provider's quality and training manager. We looked in detail at the support plans of four people who used the service, their medicines records and other documents relating to recruitment, training and the running of the service. After the inspection we spoke by phone with one person who used the service and three relatives and three staff.

Good

Is the service safe?

Our findings

Everyone we spoke with told us the support and care provided by J S Parker was safe. A person who used the service said, "It is definitely a safe service. My support worker knows exactly what they are doing." A relative told us, "[Support staff] are selected and trusted by us. We know they work safely." A second relative said, "[Name of person] always looks happy and confident with his support worker."

In the PIR the provider told us, "Risk screening is in place for all clients. Risk management plans and specific risk assessments are completed for all clients with support packages, supporting clients to take risks safely. Risk assessment has been more closely linked with support planning and is included with each activity, incorporated into individual activity plans. Training in risk assessment includes the importance of supporting clients to take risks safely. Clients are involved in the development of their own support packages, support plans and risk assessments wherever possible.'

Support plans we looked at contained comprehensive risk assessments linked to each activity or support need. These covered a range of areas including medicines, moving and handling, social and recreational activities and safety in the home. We saw a person centred approach to this process, for example, one person's support plan had an activity plan and associated risk assessments for getting to the hairdresser and having their hair done. Along with physical risks that had been considered we saw ways in which the person's dignity may be at risk had also been assessed.

Risk assessments were kept up to date and contained clear guidance for staff to show how each risk could be minimised. Staff we spoke with said they were always given clear information about the management of risks and were consulted when risk assessments were reviewed and updated. One member of staff told us, "[Case managers] always ask me if I have anything to add to the risk assessments. I have been providing support to [name of person] for several years so my input is important. I know the person very well." We saw evidence people who used the service or their relatives were also involved in writing the risk assessments. The documentation was personalised and written in the first person. For example, one support plan contained a risk assessment for moving around the home which included phrases such as 'I may get tired and need to sit down quickly.'

The provider also undertook detailed risk assessments for one-off activities. For example, we saw in one person's support plan a risk assessment to enable them to attend a concert with support from their friends. The provider had contacted the friends to ensure they understood ways in which they could manage any risks safely. This meant the provider enabled people to take positive risks in order to maintain their preferred lifestyles.

Staff we spoke with were clear about the importance of protecting people who used the service and reporting any concerns about potential abuse. This process is known as 'safeguarding'. They told us they received regular training in safeguarding, and we saw records confirmed this was the case. Staff could describe the types of abuse people may be at risk of, and how they would report any concerns. This included reporting to case managers, the registered manager, senior managers at provider level and bodies such as

the local authority or CQC. One member of staff said, "It's about looking for any signs of potential abuse and taking protective action. I'd speak to a case manager or the manager straight away. I'd go to the CQC or local authority if I needed to." Staff told us they were confident any concerns reported to managers in the service would be acted on appropriately.

The provider had policies and procedures in place to ensure staff were recruited safely. We looked in detail at five staff files and saw these contained application forms detailing previous experience and two written references. In addition to employment references the provider also made checks with the Disclosure and Barring Service (DBS). The DBS is a service which holds information about people who may be barred from working with vulnerable people. Making checks with the DBS helps employers make safer recruitment decisions. From looking at records and speaking with people who used the service we concluded there were enough staff to meet people's needs.

Staff told us they received regular training to ensure they managed and administered medicines safely, and said care managers undertook periodic observations of their practice. We saw records confirming this was the case. We looked at the medicines administration records (MARS) of four people. Support plans contained information relating to the medicines each person needed, how much support they needed to take their medicines, any known allergies and guidance for support staff to enable them to re-order medicines and check deliveries to ensure they were correct. MARs contained prescribing information to ensure medicines were administered safely and were completed correctly to show whether a person had taken their medicines. If they had not explanations such as 'refused' were recorded. We saw records showing MARs were checked when they were returned to the office and any investigation relating to errors was recorded in people's 'running notes'. These were electronic records of all activity connected with the management of people's support packages.

Good

Is the service effective?

Our findings

People told us the staff had the right skills to provide care and support bespoke to them or their relative. One relative said, "The support staff have the right training in place to understand people's needs." Another relative told us, "They are very skilled. They know when to leave [name of person] to do things for themselves, and they know exactly when to step in."

In the PIR the provider told us, 'We ensure all our new support workers receive an induction which follows the common induction standards. We are in the process of reviewing our induction processes in line with the Care Certificate. We ensure all support workers receive induction related training as recommended by Skills for Care as well as specialist training as required to care for their client. We support workers to continue their development and gain qualifications.'

We saw records which confirmed staff completed a through induction programme, and signed records of completed training to confirm their understanding of what they had learnt. This included the role of the support worker, equality and inclusion, safeguarding, person-centred support and effective communication. There was also training in place specific to each support package including acquired brain injuries, epilepsy awareness and safeguarding of children. A member of staff told us, "I was recruited to support someone that has difficulties communicating. We really focused on communication strategies in my induction."

The provider had a comprehensive rolling training programme in place to ensure support staff's knowledge in key areas was kept up to date. This included annual refresher training for topics such as medicines administration and moving and handling. In addition to the provider's training programme staff told us they were able to request additional training or support to learn more about a particular topic at any time. Staff we spoke with said the case managers and registered manager responded positively to any such requests.

Staff said they had regular supervision meetings, and records we saw confirmed this. We saw a variety of topics were discussed during these meetings, for example, training needs, the support needs of people who used the service and the member of staff's performance in their role. Staff we spoke with said the meetings were useful and focused on their needs and development. One staff member told us, "I feel that I lead the supervision meetings. This is important as it means I can bring things up that I need to unpick. The case managers listen and are happy to give us the support we need." In addition to regular supervision meetings we saw all staff had an annual appraisal.

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

In the PIR the provider told us, 'Consent is sought from all clients for planned intervention, treatment and sharing of information. These are available in a number of different formats to provide every opportunity for

our clients to be able to take responsibility for their own consent. Options to withhold or withdraw consent are provided. Where a client does not have capacity to consent, a best interests decision is facilitated.'

We saw support plans had capacity assessments in place which made clear what decisions people could make independently, and in what circumstances they may need assistance to make a decision. For example, in one support plan we saw the person had been assessed as lacking capacity to make financial decisions. Information in the capacity assessment clearly identified a financial deputy appointed by the court of protection. This was in line with the requirements of the MCA. This person's support plan made clear which other decisions they had capacity to make, with the statement and any associated guidance for staff written in a person-centred way. For example, one capacity assessment contained the statement, 'I do have the capacity to make particular decisions about my support at the time they need to be made. This is facilitated by providing me with appropriate and relevant information to inform me of my specific choices.'

People who used the service and their relatives told us staff routinely gained consent before providing support or care. One person's relative told us, "They always ask [name of person] before anything happens. They always ask what he wants. It's his choice. Always."

We saw people or their relatives had signed consents, for example, for administration of medicines, and appropriate best interests decisions had been made where people could not sign their own consent. The provider made clear their person-centred approach to consent by including the phrase, 'You have the right to withdraw your consent for any of the above at any time.' We saw consent was referred to throughout people's support plans.

Guidance for staff included individual activity plans, which contained reminders to gain consent from the person being supported before commencing any support activity. A member of staff told us, "We make plans together, all our activity each day is client led. If they don't agree to something that's a necessity, like taking medicines, I leave space, then try to rephrase what I need them to do. You can't force anyone to do anything. I try to persuade or negotiate, but if they say 'no', that's their choice and I respect it."

We saw records in support plans which showed people were supported to access a range of health professionals associated with their care and support. People who used the service and their relatives told us staff worked well with other health professionals to provide effective support. A relative said, "The support staff we have work really well to share skills and knowledge with other health professionals. The joint sessions they have are really beneficial for understanding [name of person]'s needs."

Good

Is the service caring?

Our findings

In the PIR the provider told us, 'Initial interventions with clients aim to build rapport and put the client and their family (where appropriate) at ease, while discussing and agreeing planned interventions. All support workers are inducted in the importance of client privacy and dignity.'

The registered manager told us staff were recruited at the start of support packages to work with specific people, and people and/or their relatives were involved in the processes to ensure they would be able to form positive relationships with each other. People who used the service and their relatives told us they had been involved in recruiting support staff, from helping to write adverts, contributing to the interviews and meeting candidates and spending time with them before they were appointed. One person's relative said, "We were invited to meet the candidates, and [name of person] was asked what he thought after he had spent some time with them. We were involved all the way." Another relative told us, "We had the chance as a family to ask candidates questions, specific questions about [name of person]'s needs to check their understanding and how they would support [name of person]. We definitely were asked for our opinion."

People and their relatives said they had good relationships with the staff and case managers. A relative told us, "We have all formed a bond. The support worker is like part of the family, but very respectful of our boundaries." A person who used the service said, "My support worker is more like my big sister. She knows me better than I know myself."

Staff we spoke with said they were able to meet people and, where relevant, their families, before they began providing support for people. They told us they had access to information which helped them understand people's lifestyles and preferences. Staff told us about the importance of developing good relationships with the people they supported. One staff member said, "My job is all client-led. I want them to feel good about what they are doing and their achievements, and being a positive and supportive presence is the most important thing we can give them."

Support plans contained information about people, their preferences and lifestyles that would help staff form positive relationships with the people they supported. For example, support plans contained personalised lists of 'do's and don'ts' for working in people's homes. In one support plan these included, 'Make my home a happy home and please respect my privacy.' Other examples included a request to let the person answer their own door and phone and clear information about which rooms in a family home should not be entered. People we spoke with said these wishes were respected.

People's support plans showed they were involved in the processes of writing and reviewing the documentation. For example, documents were signed and written in a way which reflected people's own words using phrases such as 'I like, I need and I do not like.' Plans contained detailed information about people, their lives, routines and preferences for support.

Individual activity plans within people's support plans contained prompts to show how people's privacy and dignity should be respected and promoted, and people we spoke with said staff were always respectful of

people's dignity. We saw staff received training to ensure principles associated to privacy and dignity were integral to their practice, and reviewed the provider's 'dignity in care' policy, to which all staff had access. This made clear the importance of pain management, communication, social inclusion, personal hygiene and practical assistance in maintaining people's dignity.

Good

Is the service responsive?

Our findings

In the PIR the provider told us, 'All clients' needs are assessed at the initial point of intervention. Client aspirations are identified at this point and case management goals are developed alongside these. Client aspirations are formally reviewed with the client at least every 12 months to ensure that they are being appropriately supported to meet their goals. We also seek feedback from support staff and professionals involved with each client.'

We saw people's support plans were based on pre-assessments carried out by the provider to ensure the service was able to meet people's needs before they started to use the service. This included planning to recruit staff with appropriate skills and personality to ensure the support was effective. The pre-assessment was used to write a series of individual activity plans within the support plan. These covered each area of support needed by the person, and the ways in which they wished to be assisted.

The registered manager ensured support plans were reviewed regularly, either during a planned review or as a result of a change in the person's support needs. People who used the service and their relatives told us they were always involved in making sure support plans were kept up to date. One person who used the service told us, "They talked to me when we wrote the plan, and we have meetings to talk about it to discuss if we need to make changes." A relative said, "We have annual reviews with the case manager, and can ask for a review at any other time if we feel it's needed. [Name of registered manager] also comes and reviews the plan, and checks up on whether the case manager and support staff are doing all they should. We're always involved."

People we spoke with told us they or their relative received support that was responsive to their changing needs and helped them meet daily or long-term goals which they had set. One person told us how effective the provider had been in helping them study and gain a vocational qualification. They said, "The support I've had has been like a ladder out of the darkness. I never thought I could learn a new skill after my injury, but with their support I have."

The provider had an up to date complaints policy in place, and we saw people were given information about how to raise complaints or concerns with the service as part of the service user pack provided when they began to use the service. People we spoke with confirmed they had seen this and said the registered manager was approachable, and they were confident appropriate action would be taken to resolve any concerns or complaints. One person told us they had asked for changes to be made in the management of a support package and said this had been done to their satisfaction without hesitation. All support plans contained information about the case manager responsible for the running of the support package, and a commitment from the provider to respond quickly to requests for any changes if people felt these were necessary.

We saw the provider had received a large amount of compliments in feedback from people who used the service and their families. Comments included, 'It's great having competent, professional people looking after [name of person],' and 'Great staff, the crème de la crème,' and '[name of case manager] is amazing. Off

the scale. She is our angel from heaven.' All people we spoke with after the inspection were keen to give compliments about the provider and staff at all levels, and staff told us they were proud to work for JS Parker.

Good

Is the service well-led?

Our findings

People we spoke with all told us they would recommend the service to other people. One person told us, "Their support is excellent. It has made me feel totally different; there is no weight on my shoulders now." A relative told us, "They have turned everything around for us as a family."

There was a registered manager in post on the day of our inspection. This is someone who has registered with the CQC to manage the service and ensure it complies with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the PIR the provider told us, 'We have an open door policy and all managers are easily accessible. All support staff have an allocated case manager who also works closely with the client and is able to offer support not only as part of formal supervision but also outside of this forum. The structure of the organisation lets information flow in all directions.'

We saw and heard evidence the service was very focused on understanding and meeting the support needs and goals of people who used it. Staff told us they felt they were respected and valued in the organisation, and supported by a strong management structure with approachable leadership and a shared sense of direction and purpose. One member of staff said, "We are all working to a shared vision. Everyone gets the same message and works in the same way, we share an ethos. There is a real feeling of appreciation from the managers for what we do." Another member of staff said, "Leadership here is very good. Case managers and the registered manager are always prepared to listen and give clear instructions. We are all working together to provide the very best service we can."

Staff, people who used the service and their relatives all said they had a high level of input into the support provided at all times. People told us they had regular discussions with case managers who acted on what they were told. For people who used the service this meant the support packages were bespoke to them and were a detailed and accurate reflection of their needs and goals.

In the PIR the provider told us, 'We have a robust annual quality assurance programme in place, whereby all clients are offered an annual review with a manager to discuss their views of the service they are receiving. We also seek feedback from support staff and professionals involved with each client. JS Parker staff are also surveyed annually to gain feedback about supervision and support received from the organisation. A quality and compliance report is produced every six months by the quality team to highlight to the registered manager areas of strength and any gaps in relation to compliments, complaints, accidents and incidents, audits, support worker records and training. The registered manager takes forward any issues highlighted.'

We saw evidence which showed there were robust quality assurance audit and monitoring process in place. These enabled the registered manager to assess the quality of services being provided and drive improvement where required. Audits including checks on consents, risk assessments, equipment, support staff observations and medicines management ensured support plans were kept up to date, and the

registered manager completed a full service quarterly audit which was then reviewed by the provider. Each cycle of audit produced an action plan which clearly showed when action should be taken and by whom. There was also an annual, provider-wide audit report which drew together and shared lessons learnt, successes and good practice which the registered manager could use to drive further improvement in their service.