

J S Parker Limited

J S Parker - South West Centre

Inspection report

7 Troutbeck Road
Sheffield
South Yorkshire
S7 2QA

Date of inspection visit:
20 October 2016

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29 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 October 2016, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies and similar services. The service was last inspected in 2014, with no breaches identified for any of the regulations we inspected

J S Parker South West Centre provides tailored care packages to children and young people with brain injuries acquired through injury. At the time of the inspection, 34 people were using the provider's services, with nine of them receiving personal care.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was a senior manager within the organisation who had a good knowledge of this location. Additionally, there was a manager responsible for the day to day operations of the location, and they were in the process of applying to become registered at the time of the inspection.

People's care files showed that their care needs had been thoroughly assessed, both before they started using the service and at regular intervals once their care was being delivered. We spoke with parents of some of the children and young people using the service, and they told us the staff were caring and understood their relative's needs. People using the service and their parents were involved in planning their care, and their views about their care and support was incorporated into how care was delivered.

Staff had completed a comprehensive induction, and a training programme was available that helped them meet the needs of the people they supported. Training was delivered both in house and by external providers. We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment, and staff we spoke with had a good understanding of their legal responsibilities in relation to consent and mental capacity

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

There was a system in place to tell people how to make a complaint and how it would be managed. One person told us about their experience in making a complaint and described that it was well-managed.

There was a registered manager who, along with other managers within the service, had a clear oversight of

the service, and of the people who were using it. There was a robust audit system in place which contributed to ongoing service development.

Staff told us they felt supported by the organisation and said they were able to contribute their views about how the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

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

Is the service effective?

Good ●

The service was effective

Staff had completed a comprehensive induction, and a training programme was available that helped them meet the needs of the people they supported. Training was delivered both in house and by external providers.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment, and staff we spoke with had a good understanding of their legal responsibilities in relation to consent and mental capacity

Is the service caring?

Good ●

The service was caring

People's care files showed that their care needs had been thoroughly assessed, both before they started using the service and at regular intervals once their care was being delivered.

We spoke with parents of some of the children and young people using the service, and they told us the staff were caring and understood their relative's needs.

Is the service responsive?

Good ●

The service was responsive

People using the service and their parents were involved in

planning their care, and their views about their care and support was incorporated into how care was delivered.

There was a system in place to tell people how to make a complaint and how it would be managed. One person told us about their experience in making a complaint and described that it was well-managed.

Is the service well-led?

Good ●

The service was well led

There was a registered manager who, along with other managers within the service, had a clear oversight of the service, and of the people who were using it. There was a robust audit system in place which contributed to ongoing service development.

Staff told us they felt supported by the organisation and said that they were able to contribute their views about how the service was run

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

The inspection included a visit to the agency's office which took place on 20 October 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

We spoke with relatives of people who were using the service at the time of the inspection, and saw written feedback that people and their families had given to the provider as part of the provider's ongoing quality assurance system and care review programme.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contact CQC to share feedback about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service.

Is the service safe?

Our findings

We asked parents of young people and children using the service whether they felt the service was safe. They all told us they did. One said: "The support workers get the training they need so they know how to care safely for [my relative.]" Another said: "I've never had any concerns about safety, which is a good thing because [my relative] is very vulnerable." One described a situation where a support worker had not acted in a safe manner and told us that the provider acted immediately to address this, and said that the provider's performance in relation to this was "very good."

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at a sample of six people's care plans which all contained assessments to identify and monitor areas where people were at risk. The risk assessments we checked were very detailed and had been regularly reviewed to ensure they were relevant. Staff we spoke with knew the details of people's risk assessments and what steps they were required to take to ensure people were cared for safely.

The care plans we looked at contained information about medicines people were taking, and what was required of staff in relation to administering and recording medication. There was information about side effects, dosages and how to administer medicines. Records of medication administered were kept in people's files and were monitored by managers. As part of the system of observed care visits, where a manager visits the person using the service to observe staff carrying out care tasks, medication administration is monitored so that the risk of poor practice is reduced.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The staff handbook contained information about reporting concerns and whistleblowing. The registered manager was aware of the local authority's safeguarding children and adults procedures which aimed to make sure incidents were reported and investigated appropriately. We checked records of incidents and identified that one incident, which the provider had reported appropriately to the local authority, had not been notified to CQC. We discussed this to the management team and it emerged that this oversight had been due to a misunderstanding of reporting requirements. This was addressed immediately during the inspection.

Staff records showed that staff had received training in relation to safeguarding. Staff told us this was part of the provider's induction programme as well as being delivered in a stand alone training session.

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

Is the service effective?

Our findings

Staff training records showed that staff had training to meet the needs of the people they supported. Training included the provider's mandatory training, covering areas such as health and safety, first aid, moving and handling, and safeguarding. Additionally training was provided which was tailored to people's individual needs. This was provided by the various professionals that were involved in each person's care package, as well as by external providers. We spoke with relatives of some of the children and young people using the service and they told us they felt staff were well-trained and understood what was needed to ensure they provided effective care and support.

We saw the provider used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner.

We looked at the arrangements the provider had in place to ensure it met the requirements of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people using the service, or, where they were under 16 their parents or guardians, had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and people using the service or their parents/guardians as appropriate, had completed forms giving their consent to receive care in the way set out. Staff we spoke with had a good understanding of the MCA and consent, and spoke knowledgeably about the changes in consent arrangements when a person using the service reaches their 16th birthday. Case managers and members of the management team spoke about work they did with people's parents and guardians to help them understand these changes, in order that the provider had the correct, legally required consent to provide care.

There were details in people's care plans about their nutritional needs, and this was closely monitored and recorded in people's daily notes. Where people had specialist support needs around nutrition the provider consulted the appropriate external professionals and used their guidance to form nutrition and hydration care plans. Staff also had training in this area, including training in relation to supporting people with specialist feeding requirements such as enteral feeding via a gastroenteric tube. Where this was relevant, people's care plans also contained detailed information about the tasks staff were required to undertake to ensure the person was fed safely.

Is the service caring?

Our findings

We spoke with relatives of some of the children and young people who were using the service at the time of the inspection. They all told us they found J S Parker South West Centre to be a caring provider, and said that support staff were caring and understood their relative's needs well. One relative said: "I couldn't be without them, they are a lifeline." Another said: "They know what [my relative] needs and what is required of them. They do a really good job." One described the staff and management team as having "a genuine empathy." We looked at records of feedback that people had submitted to the provider and found that people often complimented the staff and the service provided. One had described the staff as having "so much expertise" and other said: "I'm very happy with everything, my case manager lightens my workload."

Relatives told us that they had been involved in the recruitment of their relative's support workers, and managers confirmed that this was standard practice, in order to ensure people were supported by people they got on well with and liked.

We checked six people's care plans to see whether there was evidence that people using the service, and their parents or guardians where appropriate, had been involved in their care or contributed their opinions to the way their care was delivered. We saw that people's views had been sought, and each care plan contained a service user guide and a signed contract, so that people using the service understood what they could expect when receiving care or support from the provider.

There was a system of formal review meetings where people using the service and their relatives met with a member of the provider's management team to review their care package and give feedback about the service they received. This enabled the organisation to understand people's individual preferences and needs, and tailor care to suit the person's preferences.

Care plans we checked contained records describing the care and support provided each day. These were highly detailed and showed that care was being delivered in accordance with each person's assessed needs.

Staff we spoke with spoke with passion about the people they were providing support to. They were knowledgeable about each person's preferences and needs, and spoke in a person-centred way. Person-centred is a term used to describe a way of supporting people which puts the person and their individual needs at the centre of all that is done, and considers the care provided from the person's own experience.

Staff had received training in dignity and respect, and the observed care visits, where a manager visits the person using the service to observe staff carrying out care tasks, observes whether staff are upholding people's privacy and dignity. Staff supervision sessions, where staff had face to face meetings with their line manager to discuss their work, featured dignity and respect as discussion items.

Is the service responsive?

Our findings

We spoke with parents of some of the children and young people who were using the service at the time of the inspection. They told us they found the provider to be responsive to their family's changing needs. One said: "When I ring they always get back to me within two or three days, obviously calling me straight back if it's urgent." Another described a problem that had occurred and said that their case manager had acted swiftly to resolve it. One relative said to us that sometimes the communication between the provider and budget holders could be improved in order for the provider to better respond to changing needs and circumstances, but said that problems were "normally ironed out."

We checked six care files, and saw they contained highly detailed information about all aspects of each person's needs and preferences, including clear guidance for staff on how to meet people's needs. Records were in place to monitor how care was delivered and how the person had responded. Case managers described to us that these records were regularly reviewed so that any changes in the person's needs could be monitored and responded to.

The management team told us that they reviewed care by means of an annual review meeting where representatives of the management team met with the families of children and young people using the service, and the children themselves. We checked minutes of these reviews and saw that they were thorough and considered all aspects of the service provided, considering what had gone well and what needed to be changed.

Within the team at J S Parker South West Centre was a team dedicated to meeting the needs of people using the service who were approaching adulthood, referred to as the transitions team. This team assisted people using the service as they prepared to transfer to adult services, to ensure that they maintained a continuity of care and their changing needs were appropriately met.

In the provider's PIR, which we asked them to provide prior to the inspection, they told us they had received no formal complaints in the preceding year, but had received two concerns. We checked the provider's arrangements for making complaints. We saw that there was information provided to each person when they began to use the service about how to make a complaint, and this was also discussed when people's care packages were reviewed at their annual care review. The information provided to people described the correct procedure for external remedy should complainants be dissatisfied by the provider's internal process.

One relative told us they had recently had to raise a concern, but described that it was effectively dealt with and they were satisfied with the outcome.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager was a senior manager within the organisation. Additionally, there was a regional manager responsible for the day to day management of the location. They were in the process of applying to become registered manager at the time of the inspection.

Relatives we spoke with told us they found management within the service to be accessible, and said they never had a problem contacting them. One relative said they felt managers "genuinely care" about their relative, and another described that when they had raised a concern management was "on the case straight away."

Staff told us that managers were approachable and supportive. One described that the managing director of the company was based within the same building and was accessible, others said that the registered manager and the regional manager were "always on hand" and said that because they both had a good understanding of people using the service they were a supportive resource.

We saw that the provider used regular staff meetings and face to face supervision sessions to communicate with staff. Staff we spoke with told us they found supervision an effective way to problem-solve and discuss ideas, they also said it was helpful in combatting stress. We looked at the minutes of a sample of supervision records and saw that they were focussed around the needs of people using the service, as well as discussing training needs and support needs.

Minutes of team meetings showed that staff discussed the needs of people using the service, health and safety issues and the quality of service provided. Additionally there was a structure of meetings for management and senior management, where staffing issues, the quality of the service and the performance of the business was discussed. Team meetings generated action plans which were revisited at subsequent meetings, so that the meetings contributed to ongoing improvements within the service.

There was a comprehensive system of quality audits carried out by both senior managers and dedicated quality personnel. These monitored various aspects of how the provider was operating, including looking at health and safety, accidents and incidents, complaints, training and personnel. Where appropriate, action plans were devised from audits, so that the audits were an effective tool which helped the service to develop and improve.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The policies we checked reflected current legislation and best practice.