

J S Parker Limited

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Inspection report

Waulk Mill
51 Bengal St
Manchester
Greater Manchester
M4 6LN

Tel: 01612477756

Website: www.casemanagement.co.uk

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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:

JS Parker Limited 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.

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 45 people used the service. However, only five people were in receipt of support that included personal care.

People's experience of using this service:

Throughout this report we refer to people who used the service as 'clients.' This is because people preferred this terminology when describing their relationship with JS Parker Limited.

The service benefited from a long-standing and highly experienced registered manager. They were well supported by a dedicated and enthusiastic multidisciplinary team.

Clients were given every opportunity to be valued and equal partners in decisions around their care and support. This was reflected in the good quality care and support people received from a committed, passionate and caring group of staff.

Due to the nature of the service provided, a range of professionals had been involved in a client's journey from the point of first referral. This included solicitors, health and social care professionals and the criminal or civil courts. This meant detailed assessments of need had been completed from a very early stage.

A comprehensive and inclusive approach to support planning meant key information about people's lives, their individual identity, culture and what was important was captured to good effect. This meant support and other activities could be tailored to meet client's individual likes, dislikes and personal preferences.

Staff were effective in their roles and sought the best outcomes for the clients 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 needs of clients and developments in best practice.

A service was provided to both adults and children. Support plans and associated records had been tailored and adapted to client's individual needs. Reviews and evaluations were conducted on a regular basis and/or in response to a change. Relevant persons had been involved and their views documented.

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.

Rating at last inspection:

At the last inspection the service was rated 'Good.' (published 21 October 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

J S Parker Limited

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:

The service provides domiciliary care to people in their own homes. The service is provided to people of all ages.

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 the registered manager, clinical director, quality and training manager, a case manager and support worker. We also spoke with three clients and three support workers by telephone.

We reviewed four 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:

- There was an open and transparent culture that encouraged people to raise any safeguarding concerns. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.
- Staff understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the registered manager took appropriate action and relevant agencies were informed.
- People told us they had no concerns around safety. Comments from relatives included, "As a family we have a good relationship with the staff and service. I wouldn't hesitate to raise a concern." and "No issues at all. Very happy with the team and management."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Accidents, incidents and untoward events were closely monitored both within the service and at provider level. Regular audits were undertaken to capture re-occurring themes, and appropriate action had been taken to reduce the likelihood of similar events occurring again in future.
- Risk assessments within people's support plans were comprehensive. Known and newly emerging risks to people had been assessed and updated in response to a particular event. Staff knew their clients well and this was reflected in their good understanding of clients' needs and any associated risk factors.
- Across the organisation there was strong culture of continuous learning, including lessons learnt. 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 out-of-hours.

Staffing and recruitment:

- Whenever possible, people who used the service were actively involved in decisions about the staff who provided their care and support, for example in relation to recruiting or choosing the staff who will work with them. Comments from people included, "The service helped and supported us to ensure we had the right team to provide the package of care. This is really important as the care team spend so much time with us as a family, the dynamic needs to be right." and "We certainly have enough staff to meet [Person's] needs. No concerns at all."
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

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 receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- Staff told us they had access to personal protective equipment, such as disposable gloves and aprons when providing personal care. Appropriate training had also been provided around infection prevention and control within a community setting.

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:

- Staff received a comprehensive induction which was aligned to the Care Certificate, a nationally recognised set of standards for health and social care workers. Newly recruited staff also received a 'client specific' induction.
- Staff were effective in their roles and sought the best outcomes for the clients 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 needs of clients and developments in best practice.
- The service benefited from a dedicated support worker training lead. This person was a finalist and came second in The Great British Care Awards 'Carer Trainer of the Year.'
- Through Skills for Care, the service had accessed Individual Employer Funding which provided an additional funding stream for support workers to access extra training and development opportunities.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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:

- Due to the nature of the service provided by JS Parker, a range of professionals were involved in a client'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.
- When the service first started working with a client, they would write to the client's GP explaining the role of the service. A consent form signed by the client or other relevant persons, was also included to enable the service to liaise with the GP as necessary. More widely, people were supported to access a range of other medical services such as dentist, optician and hospital based services. Relatives told us staff would often provide help and support to attend such appointments.

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

- Supporting clients to eat and drink was a fundamental aspect of their support plan. This included comprehensive assessments for those people with additional needs such as swallowing difficulties or the requirement to have an adapted diet.
- Plans for eating and drinking were developed collaboratively with clients and their families and systems were in place to monitor the amounts people were eating and drinking. Records demonstrated that where concerns in this area had been identified, timely interventions were sought from 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.

- A professional working in the service was a qualified social worker and best interest assessor. This helped to ensure the service consistently operated within the principles underpinned by the MCA.
- 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.
- Clients had deputies appointed by the Court of Protection to oversee their care, deputies then appointed the service provider to meet each client's needs. Clear lines of accountability were operated and robust records maintained.
- Consent to provide a service was a fundamental aspect of the initial assessment process and formed part of a key legal process. On a day-to-day operational level, support workers and others involved providing care and support actively sought consent before completing an activity with a client.
- The provider had a robust framework in place to monitor and report on consent.

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; equality and diversity; supporting people to express their views and be involved in making decisions about their care:

- Without exception, people told us they were given every opportunity to be valued and equal partners in decisions around their care and support. This was reflected in the good quality care and support people received from a committed, passionate and caring group of staff.
- People spoke positively about the service. Comments included: "Everyone is very caring. The team at home are just wonderful and the care manager has been fantastic.", "Absolutely the service is caring. I think in the past they have gone above and beyond. I genuinely cannot criticise them." and "[Registered Manager] is wonderful. As a family we can't thank them enough."
- We looked at the service's approach to equality, diversity and human rights and how people from different backgrounds were supported. We saw that through the service's comprehensive and inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important was captured to good effect. This meant support and other activities could be tailored to meet client's individual likes, dislikes and personal preferences. For example, we saw how cultural sensitivities had been overcome to ensure client could attend their usual place of worship. For another client, support had been tailored to ensure staff had the necessary skills and experience to maximise independence centred around their heritage and language preference.
- This approach was underpinned by classroom-based equality and diversity training for all staff, and a range of policies of procedures.
- In the event of a conflict or issues between parties, people had access to independent advocacy services. An independent advocate is a person who represents someone's best interest and ensures their voice is heard and opinions respected.

Respecting and promoting people's privacy, dignity and independence:

- The service had pledged its commitment to dignity by signing up to be a Dignity Champion with the National Dignity Council. This meant the service was proactive in encouraging people to speak up about dignity to improve the way that services were organised and delivered and listened to people to understand their views of experiences.
- Relatives consistently told us the privacy and dignity of their loved one was highly regarded by staff and that care and support was provided in a dignified and respectful way.

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:

- Each client had a dedicated case manager. Case managers would 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 medico-legal meetings and case conferences.
- Through the case management approach, clients 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 client's individual needs. Positive feedback from external professionals involved with the service was consistently positive in support of this.
- Assistive technology was used to support client's in maintaining maximum choice and control over their lives and environment. For example, technologies used included voice activated equipment, touch pads, mobile phone apps and smart chairs. The service was also registered and accredited with a national not-for-profit independent user-led body for professional standards in assistive technology services.
- A service was provided to both adults and children. Support plans and associated records had been tailored and adapted to client's individual needs. Reviews and evaluations were conducted on a regular basis and/or in response to a change. Relevant persons had been involved and their views documented.
- Daily notes made by staff were reflective of client's assessed needs and planned daily routines.
- 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.

Improving care quality in response to complaints or concerns:

- Systems and processes were operated effectively to ensure complaints or concerns were managed appropriately and in a timely way. Complaints were collated quarterly by the service to ensure any themes were identified and actioned appropriately. 'Complaints and Compliments' was a standing item in all team meetings. Information was readily available to clients about how to make a complaint.

End of life care and support:

- At the time of this inspection, no one was in receipt of end of life care. However, through good person-centred care, should a person require end of life care, we were assured the service would be responsive to their needs, wishes and beliefs.

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 benefited from a long-standing and experienced registered manager. They were well supported by a dedicated and enthusiastic multidisciplinary team.
- 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.
- The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. Information that is legally required to be sent to CQC was done so promptly. This ensured we could effectively monitor the service between our inspections.
- The rating from our last inspection was correctly displayed at the providers business premises and the rating and full inspection report was also displayed on the provider website.

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 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 professional forums and associations including the Court of Protection Practitioners Association regional meetings, Acquired Brain Injury Forum and Headway Network Forum. Headway is a national brain injury association and charity, providing expertise and support in all aspects of brain injury.
- 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. Comments included, "[registered manager] is very supportive. Nothing is too much trouble.", "Very happy with the management team. I would strongly recommend the service." and "Whenever there has been an issue, the service has been upfront and honest, no quibbles."
- There was a strong learning culture across the organisation. This included lessons learned and sharing of good practice from other JS Parker locations. For example, the service had recently introduced staff champions across a range of practice areas including safeguarding, safe recruitment, medicines, mental

capacity act and dignity. This helped to ensure practice was up-to-date and compliant with legislation.

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

- There was an annual quality assurance programme in place whereby all clients were offered an annual review with a manager to discuss their views of the service they received. This included seeking feedback from support staff and professionals involved with each client. Staff were also surveyed annually to gain feedback about working at the organisation. The information and data collected was brought together into an annual quality report which was made available to all clients and stakeholders.
- New clients were given an information pack which included the company's Statement of Purpose, complaints procedure and details of their dedicated case manager.
- The service was registered with the government as a Disability Confident Employer. This meant the service had committed to ensure fair and equitable access to employment for new and existing staff.
- The service had a strong charitable ethos. The registered manager told us staff within the service preferred to 'keep it local' with an emphasis on raising charitable funds for smaller local independent care providers, who worked with people living with a brain injury. The registered manager told us, "Some of the local care providers do not have high profiles or incomes yet made a huge difference to people living with a brain injury."