



JMS Homecare Community Investment Company (CIC)

End-point feedback report by the University of Bristol

19 March 2013

Date of visit: 23–24 October 2012

Key learning points: How social work practice has developed at JMS Homecare

1. More consistency and continuity for people who use services

JMS Homecare is able to develop relationships with customers because it is comprised of a small, specialised team. The smaller organisation (three workers) means that they all know about all customers; a customer can call into the office and speak directly to a social worker. There is greater crossover between the workers as all they all participate in duty work and therefore know of each other's cases. The team is also specialised in the three neurological conditions (multiple sclerosis [MS], motor neurone disease [MND] and Parkinson's), so a customer can be reassured that the social worker will know about her/his condition.

JMS Homecare is more focused on building relationships (at the initial point of contact) rather than determining eligibility and ticking the boxes.

A JMS Homecare worker reports:

"We don't have the systems, policies and procedures at the forefront of our mind. We can listen to what the person perceives to be the problem at that time, which may or may not be directly related to their disease. They don't have to go through the call centre first. We can look at what is important to the customer and then all of the information can come together in an assessment. Having MS may not be the most important thing to consider right now."

Within the local authority, if a customer goes into hospital or if someone refuses an assessment, the social worker will close the case. JMS Homecare does not have to adhere to these procedures. It can keep the case open and stay involved if someone goes into hospital or declines an assessment. This extra time could enable a social worker to build a relationship with the customer in order to complete an originally declined assessment.

The response time at JMS Homecare is very good as the social worker has direct contact from the beginning as opposed to the local authority, where the customer would first have to go through the contact centre, then transfer to a team, then be allocated, and then be seen. In such situations, the initial problem may have changed, whereas the response time of JMS Homecare allows today's problem to be dealt with today.

The following case study* illustrates how JMS Homecare builds relationships and listens to customers' needs.

A paved garden

JMS Homecare was contacted by the MND regional development officer to request support for AB who has MND.

JMS Homecare rang Mr and Mrs B's home, but AB's wife explained that AB was struggling with the diagnosis and did not wish to discuss his illness; and he did not want anyone visiting. I spent some time with his wife on the telephone that day.

I agreed to keep in touch by telephone to offer some support to AB's wife who was his main carer but had her own health needs. Prior to AB's diagnosis he supported his wife with all practical tasks because of her own physical restrictions. AB's wife was now struggling with the role reversal.

I remained in contact by telephone with AB's wife who said that she benefited from the telephone contact. I established that the main priority was for AB to be able to access the garden area. AB had previously been a keen gardener, but since his illness he had become unmotivated and not engaging in conversations or any activities. The back garden is currently a large lawned area. Neither AB nor his wife are able to maintain the grass cutting and requested help to redevelop the area. AB's wife felt that if the lawn was paved and the borders could be raised to wheelchair level, then AB would be able to grow his own vegetables as he used to.

The family had no money to redevelop the garden, so I applied to the MND Society for monies to complete the work. The application was successful and the family have been offered £2,000 towards the costs.

A few weeks later, I was invited to visit Mr and Mrs B and have been able to explore other services such as short stay breaks and support through direct payments to support AB's wife as the main carer.

Historically, social work teams would end relationships at the point of duty if someone was declining services, and would not usually offer support over the telephone at the initial stages. Maintaining contact by telephone initially gave me the opportunity to build a trusting relationship and to gain confidence in the service. I remained consistent and regular in the telephone contact and was able to achieve a good enough relationship with AB's carer in order to work towards arranging care support for future care.

2. Focus on holistic assessments

JMS Homecare takes a holistic perspective when conducting assessments or reviews and aims to look at how it can change the package of care to better meet customers' needs, given their condition. As it is comprised of specialist workers in the three neurological conditions, it is able to consider the customer's condition and understand how the condition can affect a person and her/his family/support network. For example, carers may not fully understand how a condition can affect a person and, in some situations, gaining this understanding could alleviate other problems. According to a JMS Homecare worker, "sometimes knowledge is all that is needed". An unintended result of working in this way has been that JMS Homecare is saving money because it is not implementing care packages when they aren't necessarily the best way to meet a need. JMS Homecare doesn't merely think about services and care packages right away, but assesses needs first, looking at the whole picture, and then determining, with the customer, the best course of action.

The following case study depicts how a 'presenting' problem (the need for respite care) may not actually be what the customer wants (care in the home).

Care at home

Referral to JMS Homecare came through to duty from a hospital ward requesting urgent respite for CD due to her husband being admitted to hospital for a hernia repair. CD's husband was the main carer so CD's daughter was currently staying with CD at her home.

I had a telephone discussion with the daughter and explored the current situation. I explained that I would need to visit in order to fully assess CD's needs, but would like to explore support in terms of CD remaining in her own home. CD's daughter was very relieved to hear this because it was what CD and her family would prefer.

I visited CD on the same day. I was aware that CD's daughter worked full time and there was no other means of support. CD was not sure about receiving support. She had never received any formal support in terms of anyone assisting her with any personal care needs and was initially reluctant to accept support. CD had heard various stories about care agencies, which affected her confidence in the service. I completed my assessment and recommended a period of rehabilitation at home. This would involve a team of support workers (in house) who would enable and encourage CD to remain as independent as possible and assess and support for any equipment needed. The aim here was to offer short-term support with a view to CD managing her own personal care needs in the future, to enable some carer relief for her husband during his recuperation and to reduce dependency on long-term services. I also recommended the Lifeline service in view of CD having falls at home. The Lifeline service would offer a responder service if needed, which would support CD's husband and prevent him trying to lift CD as he had done in the past.

I learned that CD and her husband had lived at the family home for nearly 50 years and were now considering selling the property because CD was not able to manage the stairs. I discussed having a stair lift installed which would enable CD to manage the stairs. Neither CD nor her husband wanted to move from the family home.

The short-term period of reablement services was successful. CD received a positive experience of formal support and both CD and her husband voiced their satisfaction at the review. CD was able to remain independent of formal services. A stair lift was installed and CD was able to then manage the stairs at her home independently, which prevented the need to move from the family home. The Lifeline service was also successful and CD's husband had used the responder service instead of trying to lift CD. CD's husband reported that this had been a very good service.

The following is the social worker's reflections on this piece of work.

Social worker's reflections

I feel the success of this case was due to the importance of not reacting to the initial request of 'urgent respite care', which was the initial reason for the referral to JMS Homecare. Hospital staff had told CD's daughter that this was the solution to the family crisis so CD's daughter had not thought there were any other options and just accepted that this would happen. CD was initially very anxious to meet with me because she feared both the respite care option and the thought of having strangers in her home with the knowledge and the stories she had heard about care agencies.

It was important for me to have confidence in the support that I was recommending in order for CD to have a positive experience of care. I was aware that the reablement team maintained a sound value base, maintained respect for individuality and the importance of maintaining independence. I was then able to reassure CD with confidence to support her at home and prevent any unnecessary admission into respite care. CD and her family have been very happy with the care provided and now live independently of services. They have stated that they are very pleased to help with the evaluation exercise of the pilot and their daughter asked for a contact person to voice her satisfaction.

3. Community involvement/linking with specialist voluntary organisations

Members of the community are involved in JMS Homecare's steering group, which consists of representatives from the three main voluntary organisations (MS Society, MND Association and Parkinson's Society), the local authority commissioner, Douglas Macmillan Hospice, two carers, JMS and three specialist nurses (who have been invited, but do not always attend). The three main voluntary organisations serve as a great source of information and support for JMS Homecare and for service users, and have provided specialised training.

JMS Homecare makes the best use of the steering group by introducing three real case studies (one each depicting MND, MS and Parkinson's). The case studies are reviewed by reading a brief synopsis and then discussed in terms of how best to meet the customer's needs. This appeared very helpful in identifying community resources that could be available to the customer, and strategies for how to overcome some identified obstacles.

JMS Homecare is exploring how to develop a list of volunteers who could assist customers in such things as transportation to GP appointments and specialist clinics, transportation to support groups and shopping. Community involvement in these activities could enable JMS Homecare to spend more of the budget on more complex case needs, it could provide added value to the customer experience and more support to carers.

Sara (a qualified social worker) attends the MS Mondays (a social group for people with MS) with the aim of engaging the community and providing a preventative service. She attends one to two times a month and provides information and advice, such as housing or benefits advice. Sara is able to engage the community of individuals with MS who do not necessarily meet the FACS (Fair Access to Care Services) criteria or who may not even be from the Stoke area.

JMS Homecare states:

“We are investing the time in the groups and offering a service, and hope that we can extend the service that they [MS Society] provide to other people.”

Sara also attends the MND multi-disciplinary team meetings held at Douglas Macmillan Hospice, which offers good network links with other professionals.

JMS Homecare is exploring how to get more individuals involved in such support groups as they identify isolation as an issue. Transportation and support while away from home are major barriers, so JMS is trying to work with the voluntary organisations and the carers' service to begin to engage the community in volunteering.

4. Complex case model/multi-disciplinary work

JMS Homecare aims to be a specialised team focusing on three neurological conditions. It is exploring how to create a complex case model that looks specifically at the three conditions and how to manage those symptoms through case plans. It would like to create better links into health and work more closely with specialised nurses and GPs, to have a true health and social care model, which would create more consistency and continuity for customers. This would also be linked to the three voluntary organisations that are providing specialised training to JMS.

How are the values of social enterprise being evidenced at JMS Homecare?

The following list was compiled through communication with the staff at JMS Homecare, the local authority commissioner and attendance at the steering group:

1. The sense of mutuality is evident in that JMS Homecare has a flat management structure. Maria and Janet are responsible for Sara's supervision, but there are no 'managers'. There are joint allocation meetings, all three answer the telephone and take a duty role, and all share responsibilities. The social workers participate in 'Daily Buzz Meetings' in order to look at outstanding work, what they are doing for the day and to foster team cohesion.
2. The team of three takes ownership for their work and works together by using each other's strengths. Individual roles are assigned/decided based on who has the best skills to perform the role.
3. There is continuity and consistency of care for customers – because of the flat management structure and joint sense of ownership, the customers access social workers in less time and talk to social workers who know about them and their condition.
4. Community engagement is beginning to develop, in particular by involving the three specialist voluntary organisations and working together to meet customers' needs.

* All names and initials have been changed to protect anonymity.

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