

J S Parker Limited

J S Parker Limited North East

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

J S Parker Limited North East is a specialist brain and spinal injury case management and rehabilitation service. They offer assessment, case management, therapy services, staff training and support to adults and children with very complex care needs who live in their own home.

People's experience of using this service and what we found

People received a tailor-made service from an exceptionally well-led team of staff. The registered manager and staff were extremely passionate and committed to providing high-quality, person-centred care.

The registered manager exhibited very strong leadership skills and excelled within the organisation to achieve consistently high standards. The service had continued to develop and improve. The organisation fully supported the service and demonstrated a solid corporate approach to driving up industry standards. Audits and checks were fully embedded into the service to monitor quality and safety.

People had accomplished remarkable goals and outcomes through outstanding support from staff. People lived fulfilled lives which were enriched by a huge variety of hobbies, activities and educational opportunities. People were supported to have maximum choice and control of their life and was supported in the least restrictive way possible.

Staff fully embraced the person-centred culture of the organisation and demonstrated exceptionally caring values. They were reliable, consistent and deeply dedicated to caring for people. Subsequently, people received a unique service which met all their needs and exceeded the expectations of their relatives and other professionals.

People had timely access to professional therapists to improve their health and well-being and promote independence. Staff worked in excellent partnership with other services to provide people with a unified service.

Case managers supported people to recruit their own staff. Carefully selected teams of well trained and extremely competent staff supported people to live their lives to the fullest. The recruitment process was safe, and staff benefitted from training which was individually designed to suit each person's needs.

People were kept very safe. Positive risks which enhanced people's quality of life were strongly encouraged. Robust measures were in place to reduce any potential risks. Staff proactively recognised areas of risks and signs of abuse and reported any concerns to the registered manager with confidence. Safeguarding policies and procedures were in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection this service was rated requires improvement (published on 30 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the information we receive about this service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

J S Parker Limited North East

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

J S Parker Limited North East is a case management and rehabilitation service. The Care Quality Commission (CQC) only inspects the part of the service which provides 'personal care'. Where a person receives personal care such as physical help or any supervision and prompting to carry out daily living tasks themselves, we also consider any wider social care provided. At the time of this inspection, 18 adults and children received personal care.

The service organises personal care and support to adults and families of children with brain and spinal injuries. This includes recruiting, training and supporting staff who provide personal care. In addition, they offer other therapy services, advice and guidance. This aspect of the service is not regulated by CQC.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection site visit activity started on 24 January 2020 and finished on

27 January 2020. We conducted telephone calls to people and relatives on 28 and 29 January 2020.

What we did before the inspection

We reviewed any information we had received about the service since the last inspection. We contacted local authorities who work with the service for information. We also checked records held by Companies House. We used this to plan our inspection.

We used the information the provider sent us in the provider information return. 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 one person, 14 relatives and one person's representative about their experiences of the care provided. We spoke with the registered manager, two case managers and a training manager. We also spoke with two representatives from the provider organisation, including the quality and compliance manager and the clinical director.

We reviewed three people's care records in detail and aspects of others. We looked at the information kept regarding the management of the service. This included three staff files and records related to the quality and safety of the service.

After the inspection

We reviewed additional evidence submitted to us by the registered manager. We contacted 10 members of care staff and 25 external professionals. We received seven staff responses and six professionals' responses. Their feedback supported our findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- There was a proactive, comprehensive approach to safeguarding which enabled people to take positive risks and maximise control over their life.
- People, relatives and external services were fully involved in making decisions about safety. This allowed people to live their life to the fullest. A relative said, "I would not leave (person) with carers if I didn't completely trust them."
- There had been an investment in safeguarding training to upskill staff. A shift in culture meant staff were empowered to raise concerns rather than react to incidents. The low number of incidents indicated the service had sustained safe practices.
- Safeguarding policies and procedures had been developed further and they reflected best practice in adult and children's services.

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place to keep people as safe as possible in all aspects of their life. People had specialist equipment in place to minimise risk but enable their lives to be less restrictive. An external professional said, "Staff look to problem solve and ensure the clients activities are safe and successful."
- Best practice risk assessment documentation was used to help people and staff understand risks and how to minimise any potential harm. Nationally recognised guidance was embedded into the service to sustain outstanding practices.
- Staff recognised and respected people's lifestyle choices. They completely understood people's needs and took an empowering approach to encourage people to challenge themselves and pursue new experiences. Staff helped people make specific decisions which had elements of risk. Between them, they used innovative ways to manage the risks which helped people to remain safe whilst fulfilling their wishes. This gave people confidence to take control and achieve their goals.
- Staff had attended specialist social media training to help them keep people safe online. The service had specialists in social media who could assess people's abilities to use online platforms and advise them on strategies and create action plans.

Staffing and recruitment

- Case managers supported people to recruit their own staff based on their needs and preferences. Each person had their own exclusive team of staff. There were more than enough staff in each team to keep people safe. A relative said, "(Person) has been selecting people who they will interview with staff and

choose who will be appropriate for the job. They also put an advert themselves out on Facebook and is so excited, full of confidence. We think they are dealing with recruitment of their new staff like Alan Sugar, I'm so proud."

- The registered manager had improved the use of agency staff since the last inspection. There was now an agency staff champion within the office team who oversaw the safe use of agency staff. The registered manager had also set up a bank of permanent staff who could assist when others were off sick or on holiday. This would reduce the use of agency workers.
- Staff received excellent support from the registered manager, case managers and their colleagues to maintain people's safety. The service has implemented a 'crisis hotline' for staff to use outside of office hours.

Learning lessons when things go wrong

- The registered manager had high regard for lessons learnt and instigating improvements to the service. Aspects of the service which had been identified as requiring improvement at the last inspection had been comprehensively addressed which further enhanced the safety of the service.
- The lack of incidents and the quality of the actions taken to mitigate risks showed that learning from events had been successful. Reflective practice supervision sessions were initiated with staff, so they could discuss with their case managers how things could have been managed better. The provider's quality assurance team actively questioned practices when reviewing audits and analysing information.

Using medicines safely

- Medicines were managed safely.
- Staff received advanced medicine training to enable them to administer medicines by special techniques. Therapists and external medical professionals were fully involved in creating medicine support plans, risk assessments and delivering bespoke training to staff.

Preventing and controlling infection

- Staff promoted independence and an awareness of personal hygiene and infection control. This helped people identify and reduce any risks themselves.
- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described the service as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Case managers had an exceptionally holistic approach to assessing, planning and organising care and support. People's individual needs, wishes and choices were continually assessed to ensure the service met their requirements. One external professional described the care as, "fabulous." Another said, "It is my opinion that J S Parker engages all professionals in order to facilitate the holistic needs of the client."
- The provider looked for and encouraged the use of technology, to assist the delivery of high-quality, person-centred support. The training manager had recently attended an external conference about how new technology can support staff training. They had incorporated their learning into training sessions.
- Best practice guidance was highlighted using staff as 'champions' in multiple aspects of the service. Champions used real examples in training sessions to raise staff awareness, which helped people achieve positive outcomes.
- The registered manager and case managers kept abreast of current legislation, standards and evidence-based guidance. They were all accredited by 'The British Association of Brain Injury Case Management' (BABICM). They had taken part in research surveys and interviews, had articles published in magazines and had written a chapter in a book about brain injury, which was published. The registered manager said, "We like to get involved, we like to share our knowledge."

Staff support: induction, training, skills and experience

- The staff team were highly skilled, experienced and well trained. They demonstrated excellent knowledge of people's needs and injuries. Staff training was 100% compliant with the provider's mandatory topics. A person said, "The staff are very well trained, they understand me, they help with everything."
- Staff training was customised to each individual person. Training took place in the office or in the person's home, with people being involved in the course content. Staff were able to share their specific issues with the trainer and address these directly. Therapists took a lead role in training staff with specialist equipment or techniques.
- Training was tailored to suit individual staff learning styles. Staff with specific needs had individual meetings, and course materials were adapted and sent to them before a training session. One member of staff was carefully placed in the training room to enable them to lip read which accommodated their needs. The training manager told us, "(Staff member) flew through it and flourished. They completed level three. They had never engaged in face to face training before, so this boosted their confidence."
- Staff were very well supported by the registered manager and case managers. Supervision and appraisals were fully embedded into the service. Each staff member's frequency of supervision was based on how complex their work was. The meetings were meaningful; they gave staff opportunities to share their views

and gave case managers opportunities to check staff competence, identify any learning needs and explore development areas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked extremely well in collaboration with therapists and other external professionals involved in people's complex care provision. This included solicitors, clinical consultants, neuro psychiatrists and equipment suppliers. A relative said, "(Staff) work with all agencies which there's a lot of, they take the stress out of it all." An external professional said, "Staff have been extremely receptive to my input."
- Case managers spoke passionately about the importance of consistent and timely interventions to make sure people got the support they were entitled to. This had a significant positive impact on people's lives. One person who was barely responsive during the first assessment, was supported to move out of a rehabilitation unit into their own home and began an intensive community rehabilitation programme. They were now able to have independent time in the shower, had attended music concerts and had been abroad on holiday.
- Staff monitored people's health and wellbeing very closely. They knew people well enough to identify early warning signs that people were unwell. Staff ensured people received emergency and ongoing support from healthcare services to help them live healthier lives.

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

- There was a strong focus on eating and drinking well. Staff were fully aware of people's nutrition and hydration needs to ensure they maintained a good diet.
- Staff supported people to take positive risks to enhance their experiences of food and drinks. For example, staff followed specialist techniques and safety advice to enable one person to take part in longer social activities. The person was also supported to have soft food taster sessions and had been able to taste alcohol, which was a special goal for them.
- There was excellent feedback from external professionals in relation to people with complex needs. An external professional said, "Staff are excellent at meeting the client's nutrition and hydration needs."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were fully trained in the MCA and confident about applying the principles to the support they delivered. They used creative ways to fully involve people in decisions about their care, such as including them in training sessions and meetings, even when their injuries made this challenging. This ensured that people's legal and human rights were upheld.
- Best interest decisions were made in accordance with legislation and people's wishes. There was full

involvement of people's relatives and informal carers.

- There was an MCA staff champion and an MCA steering group in place. They helped to upskill staff and responded to complex cases to provide advice on support plans, risk assessments and action plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- The service was entirely person-led. People's and relatives' views were the priority, and the service was delivered around this. People and relatives were regularly asked about the service they received and how it could be made better. A relative said, "We are most definitely involved with everything, the carers know our family very well."
- Case managers actively introduced people to a variety of tools to help them communicate and express their views. New technology and mobile applications had enabled people to take part in reviews and make decisions. People used assistive technology, such as portable devices which aided communication.
- Staff proactively advocated on people's behalf or referred people to independent advocacy services where needed. Staff were particularly skilled at liaising with solicitors, legal appointees and deputies to make sure people got the support, equipment and resources they needed.
- Staff made sure people's rights were always upheld and their voice was heard. They were very aware of people's risks of exploitation. There were measures in place and staff took practical action to ensure people were not taken advantage of.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and case managers were passionate and enthusiastic, which motivated staff to provide an exceptionally caring service. They all displayed outstanding caring values. A relative said, "We are very happy with the care and carers. Nothing is too much trouble and (person) is living a good life because of the support we are given."
- Staff demonstrated a real understanding of people's needs. They had high regard for people's cultural and social needs and acted in a sensitive and thoughtful manner to ensure their wishes were met. For example, one person wanted to have staff who were older, as having younger staff reminded them of how their life could have been. Case managers were sympathetic to this and acted to meet the person's wishes.
- Overwhelmingly, the feedback about staff was excellent. Relatives said the service exceeded their expectations. A relative said, "Honestly I don't know what we would do without them. They are fabulous, they have also helped me get my life back."
- Staff provided emotional support to people's families. Staff were trained to help relatives come to terms with the injury their loved one had sustained. They signposted relatives to external services for additional help, such as psychology services. A relative said, "They have helped our family through a very bad time and been a great support to me. I couldn't have done it without their support, they are amazing."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt fully respected and listened to. They recognised their contribution was valued and they had influenced the support they received. A relative said, "They are so respectful to (person) and supportive to us as well, they are great at what they do."
- Staff protected people's privacy and dignity. Staff described examples of how they achieved this through sensitive and discreet support. Staff were very good at recognising situations which may cause distress or conflict and would intervene at an early stage to alleviate the situation.
- Promoting independence was thoroughly embedded into the service. Support plans and risk assessments clearly described people's abilities. This ensured staff gave people the opportunity and confidence to regain or maintain their independence wherever possible. A relative said, "That is what this organisation is about, giving (person) the best independent life they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All support was developed with people, relatives, staff, therapists, medical and legal professionals involved. Staff encouraged people to take the lead role in developing a plan of personalised support which met their individual needs and aspirations. Staff valued and listened to people's opinions. A relative said, "Most definitely we are involved in the care plan and have an opinion on delivery, we communicate well with organisation."
- Support plans explained the strategies and care required to consistently achieve positive outcomes and meet people's goals. These were regularly revisited and reviewed.
- People had been empowered to take control of making arrangements and were given the autonomy and independence to try new experiences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had an excellent understanding of people's social and cultural needs. They considered people's age, gender, characters and social interests and came up with imaginative activities for people to try. This ensured people could do everything they wanted to do, including the hobbies and interests they enjoyed before their injury. A relative said, "(Person) has a wonderful life, and is very happy."
- Staff went above and beyond expectations to make sure people's wishes were fulfilled, despite multiple challenges and barriers. One person was supported to continue to attend music festivals. Another person was helped to choose their own make-up and go for regular hairdressing and tanning appointments. A relative said, "(Person) is living their best life."
- People had busy social lives, filled with pastimes such as going to the gym, using a recording studio, visiting places of worship and going on holidays. People were also supported to attend college and day care centres. A relative said, "They get (person) out and about all the time."
- Staff supported people to make and maintain links with their community. Staff worked with families and friends to help them understand the impact of the injuries people had sustained which helped to maintain important relationships.
- Staff involved people in fundraising events. They supported charities which people or relatives had chosen, such as the "one punch" charity and the air ambulance service.

End of life care and support

- Case managers carefully explored people's end of life wishes and were sensitive to the nature of the support required. Support plans were personalised depending on people's age, injuries and illnesses. Where people did not need to plan for the end of their life, case managers gathered details for emergencies and

unexpected crises.

- Staff had recently supported two people with end of life care. Staff went on bespoke end of life care training for people with other complex needs. Case managers made sure staff had access to the right resources and specialist advice from therapists and external medical professionals. A compliment read, "Staff were so good. It was caring, compassionate and dignified care."
- Staff referred people to networks within their community and signposted people to external palliative care services. Staff also supported people and relatives through bereavement and grief.
- The registered manager created a safe environment for staff to receive emotional support when people they had supported passed away. Case managers held group supervision sessions and de-briefings, so staff could talk about the loss of a person they had developed a close bond with.
- In memory of a person who had used the service, the registered manager organised an event to celebrate their life. A 'dignity' tree was planted in the grounds of the service and people, relatives, staff and local businesses were invited to create "leaves" to decorate the tree. The registered manager said, "It has been a community event. About 300 people have been involved now."

Improving care quality in response to complaints or concerns

- There was a formal process to record feedback about the quality of the service. There had been a very low number of complaints made about the service. The registered manager had addressed these promptly. A relative said, "We all probably have little issues at times, but the organisation resolves them effectively, so it doesn't become a problem."
- The quality assurance team monitored complaints across the organisation to look for themes and areas of service development. Lessons learned from the outcome of complaints were shared with staff to improve the quality of care delivered to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed, and support plans contained specific details about people's communication needs and abilities. This included how people should be given information and how to make sure they understand it, such as visual, pictorial, verbal or written in larger print. Staff ensured this information was shared with others involved in people's care and support.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision and values were extremely person-centred, and people were clearly at the heart of the service. Everything they did was bespoke to each person's package of care and support. The provider had a clear strategy which was built into the staff appraisal system to ensure all staff were working to the same goals. A relative said, "(Staff) are phenomenal, it gives you piece of mind, they have enhanced (person's) life."
- Staff were highly motivated and described the leadership of the service as excellent. There were consistently high levels of satisfaction amongst the staff team. This was further demonstrated by the high numbers of staff who had been employed for 10-20 years. The clinical director said, "It's like a family run business but having the investment of a bigger organisation."
- There was an established culture of striving for excellence. The provider proactively developed the skills of case managers and staff and encouraged career progression.
- Relatives and external professionals gave excellent feedback about the management of the service and the person-centred culture, which inspired people to achieve positive outcomes. A relative said, "It's a wonderful service I couldn't think of life without their help."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was strong, clear leadership at the service. The registered manager was very experienced, highly skilled and aware of their legal responsibilities and duty of care. They were extremely confident to involve or challenge other professionals to ensure people received high-quality care and support.
- The provider had a solid governance structure which the registered manager had embedded into the service through audits, monitoring visits, meetings, reports and targets. The registered manager displayed a 'hands on' approach to their operational involvement of the service. All of this ensured the service was fully compliant with regulations and met nationally recognised quality standards.
- The registered manager evaluated audits and analysed the information to drive up the quality of the service. They had identified areas in which to make improvements and develop the service further.
- The policies and procedures in place incorporated national best practice guidance. This helped staff focus on the high standards expected of them.

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

- There was consistently high levels of engagement. People and relatives gave overwhelmingly positive feedback about being completely involved in decisions about care and support arrangements. They were empowered to have their opinions heard. Case managers used people's preferred methods of communication to engage with them such as meetings, visual aids, telephone calls or emails.
- Annual reviews took place which gave people the opportunity to rate their staff. Accessible information was used to give more people a chance to be involved rather than it just be their relatives' opinions.
- People and relatives who had used the service for many years described it as outstanding and sustained over time.
- A mentorship scheme had been introduced. Case managers were involving people who were further along in their rehabilitation journey to provide advice and guidance to people who were recently injured and considering using a case management service.
- The provider had recently launched a suggestions email address which gave staff an opportunity to share their ideas. These were reviewed by the senior leadership team and feedback was provided to the workforce.
- The provider planned to introduce 'staff creativity' days. These away days would allow staff time to work on a project of their choice (focussed on service improvement and innovation to enhance the quality of care). Ideas would be reviewed by the senior leadership team and implemented throughout the organisation.

Continuous learning and improving care

- Innovation was shared throughout the organisation. Steering groups were set up in multiple aspects of the service, there were staff forums and regional managers meetings to share best practice and positive stories of how people had achieved their goals.
- The registered manager and case managers involved themselves in work with industry partners to continuously learn, research innovation and implement it back into their service.
- The provider organised 'clinical expertise' days for senior staff. The last away day focussed on compassionate care. An external speaker was brought in to facilitate it. The registered manager told us, "We then brought the speaker to our service to deliver the course to our staff."
- The registered manager demonstrated a willingness to continuously improve and develop the service by learning from concerns and issues raised. They strove to meet and exceed expectations.
- The service had grown and expanded on the complex care they provided to people. This enabled the provider to adapt to the market and be sustainable.

Working in partnership with others

- The registered manager, case managers and staff had forged and maintained immensely positive relationships with others, including families and external professionals. This ensured people experienced the best positive outcomes. An external professional said, "I have seen a positive improvement in the client's care and rehabilitation since my involvement with this service and I feel this is due to the management of the case."
- Staff worked in collaboration with others to provide people with a joined-up approach to their care and support. This active engagement continued to provide people with prompt interventions to maximise the support they received.
- Case managers had consulted on a feature film which focussed on the impact on a family of a person with a brain injury. They advised on the intricacies of brain injury and shared real-life experiences to ensure the film was realistic and impactful. The registered manager said, "We are very proud to have been part of that."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was great confidence in the registered manager to act in a responsible manner if something did go wrong.