

SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

**DRIVING UP QUALITY:
SELF ASSESSMENT**

Introduction

Essex Partnership University NHS Foundation Trust (EPUT), are committed to:

- taking responsibility for making the services we provide for people with learning disabilities and their carers better;
- listening to the people we support;
- supporting people to build lives that have meaning for them.

We have signed up to the Driving Up Quality Code to show everyone that we mean what we say.

We hope that our work shows that we want to achieve the standards as set out in the Driving up Quality Code and that we help to promote all the good work that happens within LD Services.

Elsbeth Clayton

Associate Director of Learning Disabilities

EPUT

Self assessment

The purpose of this self-assessment is to show that EPUT is reflective, honest, open and inclusive. We are not trying to be perfect or compete with others. We want to celebrate success but it is just as important to know where we can do better.

The self-assessment is divided into 5 key areas that indicate the practices of a good organisation:

- support is focussed on the person;
- the person is supported to have an ordinary and meaningful life;
- care and support focuses on people being happy and having a good quality of life;
- a good culture is important to the organisation;
- managers and board members lead and run the organisation well.

The following pages provide examples of our good practice in each of the areas outlined above.

Support is focussed on the person.

- Consent is obtained from the individual wherever possible. If this is not possible, then a Capacity Assessment will highlight any issues and the need to convene a 'best interest' meeting. Evidence for this is derived from the referral form. The service's initial assessment includes a risk assessment that will also point out any potential issues.
- Outcomes measures are agreed with the individual and those supporting them at the outset of any treatment planning. These outcomes are person specific and are developed with the individual and their support network and are reviewed regularly.
- Where gaps in services are identified, our staff will inform local Learning Disability Commissioners in an attempt to influence the sign-posting of those affected to the most appropriate service(s) for their unmet need(s). There may also be liaison with other services on a case by case level to determine which service is the most appropriate to support the individual and their carers.
- The service promotes and encourages the use of the All About Me document for hospital access and the use of Health Action Plans, Health Passports and Communication Passports across primary and acute services.
- Anyone can refer to the Trust's Learning Disability Service, including clients themselves and there is a single point of access.

Example:

A lady accessed a period of treatment at ENT at the Luton and Dunstable hospital from February to June 2013.

She is a lady with several physical healthcare needs and communication difficulties; she suffers from dementia and is unable to articulate pain and discomfort. History for this client was contradictory, home staff, family and medical notes all gave different information. She was supported by the Sensory team to access treatment for repeated infections. The team member was able to relay historical information at each appointment to different members of the ENT team. They were also in a position to ensure reasonable adjustments were made as and when necessary to guarantee this lady got the care she required. The Sensory team was also able to visit her at home to ensure that treatment was being carried out. This was particularly vital over a period where she moved home. This lady was successfully

supported through treatment and now has not experienced an ear infection for three months. The Sensory team will continue to ensure that she is monitored by ENT and that carers are carrying out treatment recommendations consistently.

This story demonstrates the difficulties some service users experience when attempting to access healthcare appointments. This lady had previously been a patient at ENT but had been discharged for non-attendance and historical information had been lost through several home moves. The Sensory team were able to offer consistent support to a person who is not able to give information about themselves. This resulted in a swift resolution of a life changing health problem.

The person is supported to have an ordinary and meaningful life.

- Where it is appropriate, the service will highlight unmet needs relating to social needs and complete referral to our colleagues within the locality-based social care teams. This will include recommendations and signposting on to the individual and their carers where appropriate.
- Most services will make use of risk assessments to encourage positive risk taking to enhance the individuals overall quality of life.
- Groups to enable the facilitation of friendships have previously been implemented within the Learning Disability service as social isolation is known to be a major and contributing factor to poor mental health.
- We work in partnership with Social Care and other providers to share information about health to enable people to have ordinary and meaningful lives.
- Through the Service User Involvement group, we have encouraged and supported individuals to access local social events and activities.
- We actively promote and participate in the application of reasonable adjustments when supporting individuals and their carers to access and receive good health care.
- Some specialist Learning Disability services assist where clients have specialist needs e.g. OT, Speech and Language Therapy (Dysphagia), and additional advice/support is required for someone to lead a meaningful life.

Examples:

Staff within the LD Service – including the Medics – can refer individuals to a relationship group which is run by a local advocacy service, BATIAS. This group can enable the individuals to form friendships, including romantic relationships, in a safe and friendly environment.

A person was supported to access Audiology at Bedford Hospital for a hearing aid upgrade.

He attended the Audiology department to have a new hearing aid programmed. He had previously been issued with a hearing aid but had declined to use it. The Sensory service discussed reintroducing the aid with him in an attempt to improve his quality of life. The team member supported him to obtain an appointment and

gathered historical information about his hearing to present to the Audiologist. Upon attending, he had forgotten his hearing aid mould. The Sensory team member was able to relay a comprehensive account of the person's hearing history and current difficulties; she supported him to express his concerns about the symptoms of Tinnitus. The Audiologist programmed the aid as far as possible then it was agreed that the Sensory Team member would visit him at home to fit the aid and support him to re-introduce using it on the same afternoon. The Sensory team member was able to offer follow up support for the introduction of a second aid and to ensure the person continued to benefit from using them.

This person may not have been able to give consistent and comprehensive information without support. This person would likely have not attempted to use hearing aids without the support of the Sensory Team.

A compliment was received from the Audiologist for the team member who gave the background information about the client, supported the client during the appointment, and for the follow up care (see below):

"I saw a hearing aid patient of yours this PM. The appointment was to upgrade his existing hearing aid to a zest on his existing ear mould.

However, he forgot to bring it with him so I couldn't perform what I needed to. Luckily, E who was in the appointment with me is going to fit the new aid for him this pm after she quickly liaised with K to meet her at his home later.

Also the patient mentioned tinnitus again at the appointment (he mentioned this at the previous appointment but the carer said he had never mentioned it before) E was able to fill in the blanks and inform me that this person is known to have suffered with tinnitus for a long time.

If E had not been there I would have had to delay the fitting of this person's new hearing aid until October and would also have an unclear history on his tinnitus

Many thanks to your team. Great service. I do find quite often that carers are not well informed on their patient. I rely on your team to be there to liaise for me - you are important to us".

Care and support focuses on people being happy and having a good quality of life

- Staff have a regular opportunity to participate in individual and peer supervision. This gives them the opportunity to explore clinical issues and matters of wellbeing pertaining to individuals supported within the service. This gives the staff the opportunity to be creative and innovative which, in turn, enables their confidence and clinical decision making to flourish, making a huge difference in the lives of the individuals we support.
- Staff have the opportunity to attend training events to increase their skills, knowledge and expertise. The service also identifies training that is specific to individuals within our care, thus providing a safer and more robust service for them.
- We include service users in training packages that we deliver to professionals and others, such as the junior doctors training at Luton and Dunstable General Hospital.
- We attend and facilitate service user groups, such as the Learning Disability Forum at Bedford General Hospital and the Luton and Dunstable General Hospital Learning Disability Patient Experience Group.
- We provide information in a user friendly way to service users and carers about health promotion and health screening.
- Support plans; both in the community and in the in-patient settings are developed alongside the individuals whose plans they are. This ensures that the individuals can have some control and influence within their life and supports their own decision making.

Examples:

Our in-patient service has had an unannounced visit from the Care Quality Commission. This was a very positive experience for everyone, and the report can be found on the CQC website. Our Trust also has an internal compliance team who regularly carry out internal CQC compliance visits to our in-patient and community services. Evidence of these reports is available on request.

Currently, the in-patient service in Essex is working towards AIMS accreditation with the Royal College of Psychiatrists whilst our in-patient service in Bedford and

Luton has achieved this and will, hopefully, be re-accredited in 2014 for the third time.

Our in-patient service within Essex has achieved Practice Development Unit (PDU) status, with re-accreditation achieved on 2 occasions. The unit was only the second Learning Disability Service in the country to receive this.

Two ladies were supported to access Moorfields eye clinic for bilateral cataract surgery.

These two ladies have had very limited input from health services. No consistent historical information was available. They were referred to the Sensory Impairment Service for support to access sight assessments and then treatments for their sight conditions. The Sensory team were able to liaise with the GP, social worker, health facilitation team, other agencies and family members on the site. Clear care pathways were devised and mental capacity was carefully considered at each stage. The Sensory team transported both ladies to their appointments at each stage of the process. They liaised with Moorfields doctors and nursing staff gathering information and planning care whilst engaging the support of family members. Both ladies suffer from a long term sight condition that severely affects their peripheral vision; at the time of referral both ladies also had advanced bilateral cataracts affecting their central vision. The successful surgery has enabled both ladies to regain much of their useful vision and has therefore significantly improved their quality of life.

This piece of work was successful because of the relationships the Sensory team built with both ladies and their families. The team supporting them were consistent and remained well informed about all aspects of their progress and their care requirements. They co-ordinated pre-op care, support throughout the surgery and follow up care.

What was good or bad about your visit to the doctor?

Very good, it helped that my health facilitation nurse came to support me. I am registered blind and would not be able to go on my own. The nurse made the appointment and supported me there and back. I found out that I was anaemic and needed iron tablets. My nurse helped me to get the chemist to deliver them to me every 6 weeks at 5 o'clock because that is when I know I will be in. she also told my carers that I need more help to buy more vegetables and meat and if they could show me how to cook it. I must try to eat healthy because I need to lose weight so the nurse also asked my carers to help me with that and they are.

A good culture is important to the organisation.

- The service ensures that feedback is sought from both individuals who use our service and their carers in order that any service development is planned and carried out with their involvement. This can take the form of verbal feedback or written feedback.
- Our recruitment process involves service users at interviews and decision making following interviews.
- Our job descriptions reflect the 6 C's in accordance with the organisation's vision for nurses and care givers.
- Our attendance at and completion of mandatory training is in line with the organisational requirements and includes Customer Service, Equality and Diversity and Information Governance.
- All staff receive regular Supervision and Appraisals in line with the organisational requirements.
- The Trust has developed an on-line service known as "I'm worried about", where staff can anonymously voice any concerns they may have.
- Newsletters are sent out to staff on a weekly basis from the Chief Executive and from the service's respective Executive Director. These contain information important to staff to keep them up-to-date with Trust business, as well as publishing good news stories about staff and compliments received.
- At team meetings members of staff are encouraged to discuss any "Lessons Learned" from any incident, issue or complaint that has occurred in recent days.
- The Learning Disability Service has a good record for recruitment, as well as an excellent record for the retention of staff. Many staff within the service have been within the service for 20+ years.
- The Trust is committed to the development of staff, with training and CPD being paramount. All middle and senior managers are encouraged to access the Trust's own leadership course in order that we develop robust and effective leaders of the future.

Examples:

Our service user forum/literature group has been developed to obtain direct feedback from those who use the service, both within the in-patient service and the community.

Questionnaires have been developed for service users and carers to complete following an episode of care. Again, this is relevant to both the in-patient and the community services. The information we gain from this enables us to look at where changes may need to be made in order to respect the views of our service users.

All our service users are aware of how they can make a complaint if this is required. However, we have had no complaints submitted to the Trust regarding the Learning Disability service in the last 18 months. Where there are issues that might be raised informally by service users and/or carers to staff, we look at locally resolving the problem without it having to go on to a formal complaint. Our service has been very successful with this.

Grapevine is a magazine that is produced by a member of our staff and is distributed to all staff working within Learning Disability. Staff are encouraged to submit articles of interest in order to inform the service as to what has been happening.

Managers and Board Members lead and run the organisation well.

Our Trust is very clear from the onset what our values are, the impact we hope to have on people's lives and what is expected from those staff who work for us.

Staff are involved in all aspects of the Trust's development. Our service planning events occur annually, and representatives from across the services are welcome to attend. The views and ideas submitted at these events are then directly integrated into the Trust's objectives for the year ahead. In this way, staff can fully appreciate that their contributions are valued by the organisation.

There is a robust management structure with regards to the Trust's Learning Disability service, with direct links to the Executive Team and the Board of Directors. Our Non-Executive Directors and Governors are kept up-to-date with progress and developments and they take a keen interest in the management of the service. The leaders within the service work hard to develop and transform the service depending on the needs of the people we serve. Our service users and patients are very important to us and are at the centre of everything we do. If we find through talking and listening to people that our services are not meeting the needs of our population, then we need to change what we do and how we do it.

We make sure that we work together with other services and people involved in services for people with learning disabilities. We all need help and support to make sure that people get what they need. We can only do that by talking to each other about what we are doing and sharing our skills, knowledge and expertise.

Examples:

The Trust has developed a rolling Leadership Programme over three levels that all staff at Band 6 and above must attend. This encourages the Trust to nourish and develop its own leaders of the future.

The Learning Disability service is well represented at Executive Team and Board level, with the service being actively involved in presentations and discussions.

Senior managers within the service are accessible to staff and patients alike, with an open-door, honest and transparent culture being demonstrated and encouraged.

The following LD services and people within EPUT contributed to this

paper: Health Facilitation Service

Arts Psychotherapy

Sensory Team

Medics

Psychology

Occupational Therapy

Associate Director of Learning Disabilities

Executive Director of Integrated Services – Essex and Suffolk