Supporting people through transforming care

Hear from Anna

Transforming care is all about improving health and care services so that more people with learning disabilities and/or autism can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

There’s a national plan about how to do this called ‘Building the right support’ (October 2015), and there are 48 transforming care partnerships across England to support this.

Anna* is one individual who’s been supported to move out of hospital and live in the community through transforming care.

After a long hospital stay, Anna was supported by Manor Community to move into a residential care home, and now she is happily settled in her own flat and married.

Anna’s background

Anna has depression and obsessive compulsive behaviour and had a long stay in a hospital in Wales, and felt that she had ‘lost touch’ with the outside world and how things were changing.

When she was ready to be discharged, Anna found suitable accommodation in a residential care home run by Manor Community. She worked with her social worker, physiatrist and the mental health team to plan her support – the discharge period was about three months.

During this time Anna visited the care home several times, including on overnight stays. This helped her get used to the environment and staff, which made her feel more comfortable before moving in and ensured her that she was making the right decision. It also helped the provider to find out more about the care and support Anna needed.

The manager told us:

Anna visited us at the home and was very quiet and hesitant at first about what she would tell me about herself - but soon after, she was much more relaxed and chatting away with me.

As part of her discharge from hospital, Anna agreed to follow some conditions – if she didn’t abide by them she would be at risk of being readmitted. They included:

- she had to comply with taking medication
- she wasn’t allowed any alcohol
- she was not to enter a certain part of the UK as being there could put her at risk
- she had to be back at the home by a certain time and if she wasn’t the police would need to be informed.

Hear from Anna
The manager from Manor Community worked with Anna and her support team to assess how much care and support she wanted and needed. They also explored what her interests were and what activities she enjoyed doing, so they could start to build a suitable care team.

The funding was structured by the local authority and began when Anna started her placement at Manor Community.

Living in Manor Community

When Anna first moved into Manor Community she found it difficult to go out in the community, for example going shopping or socialising, because she felt like so much had changed around her. She had also lost some of the skills she needed to do day to day tasks such as cooking.

Anna lived in Manor Community for around two years. During this time the care coordinator discussed with Anna what her goals were and she expressed that she wanted to live independently – they developed a progression plan about how she could achieve this.

Staff worked with Anna to develop her independent living skills such as budgeting, creating meals from scratch and using technology such as mobile phones. They also worked with Anna to manage any concerns of living independently such as the fear of loneliness.

Staff helped her to develop community links and friendships near the place she wanted to live, for example at the local church and community groups.

Each day would create a new learning experience and staff recorded her progress so she could see what she could achieve in the community – this really boosted her confidence.

A big part of the support was teaching Anna about modern technology - she had been ‘institutionalised’ for so long that she didn’t know much about how everything worked. This is where the staff played a huge part in developing Anna’s confidence and supporting her independence.

Moving into supported living

When Anna felt she was ready to move out of the residential home, she spoke to the residential manager and the community psychiatric nurse who agreed she was ready to move on.

Anna decided to stay in the local area and wanted to access the same staff that had supported her during the placement. Manor Community also offer supported living and showed Anna a flat they thought would be suitable – and she loved it.

She has now moved into her own flat, with continued support from Manor Community.

Anna’s support team

In her own flat, Anna has a team of support workers for 21 hours a week. They’re 90 minutes long, twice a day, and it’s usually the same three or four support workers – Anna feels more comfortable with this as they’re a familiar face. They visit her every day to check that she’s ok and to prompt her to take her medication. They also support her with things like:

- welfare checks
- social support
- planning a weekly menu
- shopping
- budgeting
- personal care.

She’s involved in the care planning process to work out what days and times are best for these things to take place. She has a care coordinator who coordinates which social care and health services she accesses. This includes visits from her community psychiatric nurse at least once a month and physiatrist every three months.
The team is flexible to respond to any changes in Anna's care and support needs – for example if Anna feels that she doesn’t need support to do something, Manor Community could decrease the number of hours they visit. Or similarly, if she doesn’t feel comfortable going to a café for lunch alone, Manor Community would change their rota so someone could support her to do this.

**Staff recruitment: good practice**

Manor Community try to match people with staff who have similar likes and interests, to encourage positive working relationships. They look for people who are passionate about care and have a calm and friendly approach, but will also be able to stand their ground in certain situations.

They list what the role involves on the job advert, so people have realistic expectations, including supporting people:

- with daily living tasks
- to access the community
- to manage money and pay bills
- to learn how to plan and prepare meals
- with shopping
- with reablement and/ or rehabilitation
- with social inclusion.

They advertise their roles on Reed’s jobs website and share the link on their social media pages.

**Staff retention: good practice**

New staff at Manor Community complete an in-depth, four day induction programme, alongside completing the Care Certificate. They also get specific training relating to the needs of the individual they’re going to support, for example around epilepsy or diabetes.

They have an in-house trainer who develops and delivers training that’s based around the individual. After training, managers and team leaders observe staff in their role and ask questions to check that they’ve understood the training.

They also use ACC online training and external learning providers when needed. They have an online system called ‘Carefree’ which all staff can access to update their knowledge.

They keep an up to date training matrix which tracks what training their staff have done and what training needs updating.

Manor Community do regular supervisions with staff to see how they’re getting on and discuss any concerns or challenges. They run ‘care awards’ where individuals, family members or colleagues can nominate staff who’ve gone the extra mile – this is great motivation for the whole team.

**How has Anna’s health and wellbeing improved?**

Anna has made many positive changes since her placement began with Manor Community. She’s built positive, trusting and strong relationships with staff to develop her independence.

She also goes out independently a lot of the time with her husband, for example day trips, weekly shopping and holidays.

The manager at Manor Community says:

> The end goal and what we work towards every day is that Anna will be completely independent and won't require any support. There’s sometimes that fear in which she may re-lapse or that funding could be stopped at any point, but we always like to focus on the positives.
Skills for Care recommends

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