Supporting people through transforming care

Hear from Peter

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.

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

After living in an inpatient unit, Peter was supported to move into his own flat and accesses support workers from Manor Community.

Peter’s background

Peter has schizophrenia and often gets paranoid that people are ‘out to get him’ or that people are stalking him – this sometimes has an impact on his behaviour.

Peter lived in a secure unit for a few years after physical assault on the public.

When the team felt he was ready to move out, he was supported to live in a residential home run by Manor Community by his social worker. Manor Community were involved in the discharge process, which took four months.

They worked with Peter, his social worker and CPN to assess how much care and support he wanted and needed. They also explored what his interests were and what activities he enjoyed doing, so they could start to build a suitable care team.

Peter met the manager of the residential home a few times before joining Manor Community. They chatted about his interests, goals and his life as a whole to make him feel welcome and to create a stronger bond before moving in to the home. He lived in the residential home for two years and made some great progress.

Peter later moved into a supported living house with two other people, where there were reduced staff. From here he moved into his own flat with his wife.
Peter's support team

Peter has a team of support workers, one to one, for 30 minutes, three times a day.

He's involved in how he wants to be supported, and what he wants support with. This includes taking medication, financial and emotional support.

They regularly review how Max is feeling and his progress to ensure he is accessing the right care and support – it’s flexible so that we can increase this if needed.

He also has a care coordinator, who coordinates which social care and health services he accesses.

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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 Peter’s health and wellbeing improved?

Peter’s schizophrenia is now well controlled and his paranoia has decreased hugely.

He loves going out and is now independent with things he may have struggled with before, such as doing the weekly shop. He also goes on day trips with his wife and they’re planning a holiday away soon.

Peter’s built positive, trusting and strong relationships with staff to build his independence. He’s made many positive changes, such as a reduction in support from 24 hours a day to just 8 hours per week.
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<td>Our resources can help you and your staff deliver PBS to people who display or at risk of displaying behaviours which challenge.</td>
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