

My Views Matter



Best practice

What is My Views Matter?

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Between April 2018 and July 2020, three patients, Joanna, "Jon" and Ben, died at Cawston Park Hospital in North Norfolk, having suffered neglect and abuse. They were all in their 30s, and they all had learning disabilities.

An important finding of reports into the tragedy was that the views of patients and their families were systematically ignored by the hospital. As part of the system response to these events, the Healthwatch Norfolk board agreed to undertake a review entitled My Views Matter of the residential and in-patient sector caring for people with learning disabilities and autistic people.

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In line with Healthwatch's mandate this review has looked at three main questions:

- 1. How have the residential care and secure-inpatient sectors caring for people with learning disabilities and autistic people in Norfolk changed in recent years, and what plans are in place for the future?
- 2. What mechanisms are in place in the sector to make sure people's voices are heard and acted upon?
- 3. What do people using these residential and in-patient services, and their families, think about the care they receive?

Good practice

During our visits and while gathering feedback, people gave us a number of examples of what they see as best practice. Some of this is published in the full report which can be found at (Link to come).

We have collated these into a guide to enable those participating in the project and the wider Norfolk community to see the examples all in one place.

All of us at Healthwatch Norfolk hope you find this document a useful resource.



STAFF RESIDENT RELATIONSHIPS





1) RECIPROCAL AND NON-HIERARCHICAL RELATIONSHIPS

People liked to have shared interests with staff and to know about their lives. They also liked to be treated as equals.

2) LONG-TERM RELATIONSHIPS

People preferred to have the same staff for a long time so that they could develop quality relationships with them.





3) FAMILY-LIKE RELATIONSHIPS WITH STAFF

People were most happy with affectionate and trusting relationships that were similar to family ties.

4) STAFF WHO KNOW RESIDENTS WELL

This was particularly important for people with communication difficulties, who had trouble communicating their wishes and personality to people they didn't know well.



MANAGERS

What mattered most to people



ENGAGED MANAGERS

Involved in the everyday life of the home, and not delegating this to deputies



KNOWLEDGEABLE MANAGERS

Who know residents well and what makes them 'tick'



OPEN COMMUNICATION

Being honest about mistakes and disagreements, and being open to suggestions



RIGHT PRIORITIES

Putting the best interests of residents first, even if this means extra cost or inconvenience

Premises, voice and control

Elements of an empowering approach to the physical aspects of residential homes

BEDROOMS

Helping people to personalise their bedrooms with pictures and objects





COMMUNAL SPACES

Posting meaningful photos and residents' artwork on the walls

DECORATION

Going beyond pictures on the wall, letting people shape the whole look and feel of a home



INFO DISPLAYS

Accessible, wellorganised displays which are enabling for residents



CULTURE

Encouraging a sense of ownnership, participation and control in the home



Things that people want from ACTIVITIES

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Flexible support

People with high support needs like daily individualised activities and the chance to develop their interests over time.





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Gentle encouragement

Some people refuse new activities at first but are grateful for encouragement if it leads to new discoveries

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Learning independence

Those with lower support needs often like to develop the confidence to do activities by themselves, rather than relying on communal activities.





4

Meaningful activities

enjoy work or work-like activities serving the public

5

Day services

These are important not just because of the activities, but also because they allow people to choose new friends.



Relationships and friendships



Help maintain friendships that residents had before they moved in.



Support the creation wider social networks than their families, staff and other disabled people





HOMES'

INTERACTION WITH FAMILIES

TRAVEL SUPPORT

Give people support to visit their elderly parents at home if they become less able to travel.

UPDATES

Keep families updated about their relative and about how feedback is being responded to, so that they are not continually having to check.

SAFEGUARDS

Reassurance and safeguards that relatives can express themselves freely without being labelled as problem relatives.





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Find out more at www.healthwatchnorfolk.co.uk