

Bridgend Community Health Council

Rotational Visit to ABM University NHS Trust – Learning Disability Services Directorate Bungalow for Adults with Complex Needs and Challenging Behaviour sited in Kenfig Hill, Near Bridgend

10.00am-11.45am Thursday 12th February 2009

Visited by: Mr Allen Williams
Mr Peter Wakeford

Visit hosted by: Mrs Catrina Truelove – Deputy Manager

We were welcomed by the Deputy Manager who explained that unfortunately, the Manager, Ms Nicola Thornton, was unable to be present for the visit because of having to attend an important meeting that should have taken place last week but was cancelled due to the awful weather conditions. We nonetheless were made very welcome and were able to have a very interesting and informative discussion in the office, prior to our tour of the building, where we were able to consider developments and matters concerning the five residents, philosophy of care, the relationship with the local community, staffing, management arrangements, building maintenance and other important related matters.

The Residents

The five residents currently being supported in the bungalow have all lived in it since being resettled from Hensol Hospital approximately five years ago. They were all originally assessed as 'Continuing Health Care' because of various complex issues including mental health related problems, behaviours that are challenging, Autistic Spectrum Disorder etc. Over the last five years, due to the specialist skills and commitment of staff, all the residents have developed and grown as individuals which we applaud, and for at least two residents, it is felt that it is time to move on. This was a view expressed last year and it is somewhat disappointing that there has been no progress in enabling these two people to make the move. We understand that the Local Authority, for various resource related reasons, have not been able to allocate Care Managers for these two individuals. Another resident is also without a named Care Manager. This matter is being pursued by the Bungalow Managers and the residents Advocate has taken the matter up with the Manager of the Bridgend Social Services Community Support Team. We very much hope that the matter will be resolved soon. We understand that there is a waiting list of individuals who could benefit from taking up residence as soon as a place becomes available. We (Bridgend CHC) would very much appreciate being kept informed about this issue.

We met and were able to chat to two residents who were very pleasant, attentive and keen to show us their rooms and possessions. One resident that we met was very pleased with the new laminate flooring in her bedroom and informed us that she wants to acquire some new pieces of furniture to go with it! The gent was very keen to show us his collection of photos of friends and acquaintances. We were pleased to hear that he is able to stay in touch with friends from his days at Hensol. There were two other people in the building that we did not get to meet, and one person was out with a staff member on a community activity.

We were pleased to hear that all residents are assessed each year and have an individual care plan that is regularly monitored and revised as required.

We are aware that one resident in particular has developed a hip condition that is now affecting his ability to get in and out of the bath. We suggest that all residents have an OT assessment every year so that fixtures and fittings can be monitored and changes made accordingly or, when the time comes for individuals that are being assessed for moving on, there is an up to date assessment available, especially if they are being considered for 'shared care'. The availability of an up to date assessment could help move things on a bit quicker.

Philosophy of Care

We were pleased that the philosophy of care is very much based on the Principle of Normalisation (also referred to as 'Social Role Valorisation') in keeping with modern day thinking. The residents are encouraged to actively participate in every day activities, e.g. food preparation, shopping, cleaning and tidying, laundry etc according to individual ability and mood.

Residents are encouraged to take part in recreational activities both at home and in the community although this can be compromised from time to time by staffing levels.

We were impressed by the quality of staff interaction with the residents and were able to witness engagement in age appropriate activity in the main living area where 'home made' Valentine Day cards were being produced.

Relationship with the local Community

Staffing levels permitting, residents are encouraged to use local amenities, shops, hairdressers, dentists etc and there are plans to explore other community resources that residents may enjoy such as the Life Centre in Cefn Crybwr where there are all sorts of exciting possibilities as well as opportunities to interact with local people.

We were puzzled as to why the residents are not registered with the local General Practitioners. This would be another very appropriate avenue we felt, for folk to get their physical health care needs met, as well as affording them the opportunity to meet with local people. We understand that the original plans were for the residents to be registered with the local GP, the Deputy was not able to explain why this was not pursued. Could this be reconsidered? Currently if a

resident has the 'flu or some other physical ailment an SHO has to come out to the bungalow, we thought this was, frankly, a bit odd.

We were saddened to hear that there had been a number of break-ins to the garden shed as well as some damage to flower pots etc. Was there an issue regarding local youth targeting the bungalow or is it a wider problem in this locality affecting other properties? We understand that the residents Advocate has facilitated meetings with a Community Safety Partnership Police Officer and this has been very interesting and useful for staff and residents alike. We were surprised and a little bit disappointed that local prominent persons; local Community and County Borough Councillors for instance, do not visit the bungalow and get to know residents and staff. Has the Trust ever thought to try and engage with local politicians?

Staffing and Management

We were pleased to hear that all staff are given the opportunity to attend both mandatory training events and professional updating as well as specialist training relevant to individual clients needs, e.g. Autism specific to one particular resident, Inclusive Interaction and so on.

We discussed some of the new pieces of legislation that have recently been implemented, e.g. Amendments to the '83 Mental Health Act, 2005 Mental Capacity Act and the introduction of Deprivation of Liberty Safeguards (April 2009). We were assured that staff have already had, or will have had training on these topics.

We understand that staffing levels have gone down since our last visit due to Trust funding issues. We were disappointed to hear this; clearly it affects the therapeutic regime and will be problematic when the day comes when new residents come to the bungalow requiring higher levels of input.

On the rare occasions when Trust Bank Nurses are required we were assured that they are drawn from the Learning Disabilities Directorate and have the relevant RNLd or RNMH qualification and experience. We understand that one vacant post has been frozen, that one qualified staff member is on long term sick and that there are over-time restrictions in place.

Building Maintenance

The bungalow appears to be in good condition and looks quite attractive and 'normal' from the outside, the adequate parking probably being the only clue that this is not a standard domestic residence, although that is a fairly minor point, its becoming increasingly common to see 'well to do' properties being built with multiple parking arrangements! The garden is very neat and tidy and we gather that there are one or two residents who are keen gardeners. It's just a thought, but could the rear garden be landscaped in such a way as to facilitate more use, maybe with raised flower beds or something? Perhaps some local gardening enthusiasts could be encouraged to get involved in a project with the residents.

The interior is very pleasant and the decorations are very nice and freshly painted by the look of it. The wooden flooring is very tasteful and gives a nice uncluttered presentation.

There are a couple of matters that require fairly urgent attention. In the kitchen we were shown the new cooker which is very nice, much better than the old one, however, there is an old saying, 'Why spoil the ship for a happece of tar!' When are the kitchen cabinets, tiling and floor coverings going to be made good? It looks very unsightly and does not do the service any favours. It must be a bit embarrassing for staff and residents when visitors like us come and visit!

A ceramic toilet that was broken by one of the residents has been replaced with a stainless steel one. However, the floor covering has not been refitted to suit the shape of the new toilet, there is a space around the base that is a trap for drips of urine to accumulate which has now discoloured the floor and is starting to smell. This needs sorting out, it is a health hazard.

Concluding Remarks

Our overall impression was that this is a very pleasant, modern and well managed specialist facility which staff and managers can be rightfully proud of. There are a number of things outside of the immediate staff's control that need attention which we have described in this report and would urge the Trust to give consideration to, in particular the issue of Case Managers and the 'moving on' of residents who no longer require the specialist level of service. There are also things that the service has put in place that we were particularly impressed by, one of which, engaging the services of an Independent Advocate (Bridgend People First) to help support the residents and assist in taking up issues. This is very forward thinking and is a development that we hope will be able to continue beyond its current 18 month funding arrangement with the Trust and BILD. We are aware that this report is perhaps somewhat more lengthy and detailed than past CHC visit reports. We make no apologies for this, this is a 'leading edge service' that is worthy of close examination, the two CHC members that carried out this visit have a particular interest in services to people with complex needs and have both spent best part of there professional working lives in this field. We very much hope that our observations and comments are useful.

PW/AW/12.02.09.