

My Views Matter: Astley Court Little Plumstead Hospital



Healthwatch Norfolk visited Astley Court
on 27/03/2023 to see and hear how
people experience care there.

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

My Views Matter

From September 2022 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project was specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter involved visiting 21 residential homes and four in-patient units across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential and in-patient care. It also investigated whether residents', patients' and their families' views were being taken into account in how care is delivered. The 21 homes were selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals told us affect

the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we also interviewed family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project was being implemented with the assistance of About with Friends, NANSA (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which reported on data gathered from across the county, was published in July 2023.

How we gathered people's views on this service

We visited Astley Court on 27/03/2023, and the visit was announced in advance, in order to minimise disruption to the patients. We spent around two hours talking to patients and staff, and observing life in the service on that morning, and examining the building and its facilities. Most of the patients were either unable to talk to us or unwilling to do so, so we also sought the views of a self-advocacy group who regularly visits the service. We invited the relatives of patients to get in touch with us for interviews, but none chose to. We spoke to one of the patients, observed all of the patients except one receiving care, and spoke to four staff, including the manager.

The visit team was:



Sophie Slater -
Community
Development
Officer



John Spall -
Enter and View
Co-ordinator

About Astley Court

Astley Court is an Assessment and Treatment Unit (ATU). The purpose of ATUs is to provide short-term assistance for people whose living arrangement in the community (whether in a residential home or their own home) is under threat due to escalating issues, often related to behaviour and mental health. It is intended that patients go to live temporarily in ATUs to receive treatment, and then return home once their behaviour has stabilised and their mental health problems have been treated.

In principal, people are admitted to the unit for three different lengths of stay. Some come in to have their needs assessed over 28 days, and then stay for around six weeks to help them to stabilise their mental health and behaviour, before sending them back to their community placement. Some people would come in for around 12 weeks to help people to reduce their medication and to manage their behaviour in other ways. Others would come in on a six-month pathway, who need a longer period of assessment and treatment to review their medication, mental health and treatment plans.

Astley Court was built in 2013, and was originally intended to accommodate 12 people. However, after Winterbourne View and the drive to reduce the number of people in ATUs, it was limited to accommodate six people. Six people were living in the unit when we visited, one of whom was in long-term seclusion. The service is intended to accommodate people from Norfolk, to avoid placing people far from their homes, and only rarely accommodates someone from further afield. Astley Court also houses the Enhanced Assessment and Treatment Service, which provides intensive support for people in the unit to leave, but also supports people after they leave. They also go out into residential homes to help people who are at risk of losing their home placement due to behaviour issues. They train staff in techniques to stop issues escalating so that people can stay in their residential homes, and they also send specialists out to spend time with people.

Staff told us that, due to systemic pressures, it has become increasingly difficult to discharge people into the community due to a lack of suitable places in the community. This means that some of the patients had been in the service longer than is intended, with one person having stayed there for four years. These issues are discussed in more detail in the section on 'Interactions with the broader health and social care system', below.

Astley Court is run by Hertfordshire Partnership University NHS Foundation Trust. The Trust's services, including Astley Court, were inspected by the CQC in 2019, and were rated 'Outstanding'.

Summary

During this Enter and View visit we focused on what patients thought about their care, and the degree to which they were being listened to by the wstaff. We considered the following themes, with the following findings:

- **Voice choice and personalisation:** There are regular meetings intended to help people to air their views and influence their care. These include fortnightly multidisciplinary team meetings, ward meetings and personal, social and developmental meetings. The minutes and actions coming from these are posted on noticeboards in an easy-read format. There are also weekly visits from a self-advocacy group, and access to individual advocacy is available.
- **Premises:** The unit was purpose-built in 2013, and is modern, spacious, well-organised and bright throughout. There is a mixture of mixed-sex and single-sex communal areas, three gardens, a sensory room, and a wing for de-escalation and long-term seclusion. Bedrooms allow for personalisation through hanging pictures on the wall, but the decoration was not personalised. The larger hospital grounds are also available for patients' use.
- **Activities:** People were regularly consulted about what activities they would like, through a picture quiz. Schedules were prepared in accessible formats, and staff gave us examples of people's schedules which were well-personalised. The external self-advocacy group who regularly visits the service told us that activities planning was person-centred and responsive.
- **Relationships and community:** The interactions we observed between staff and patients were respectful and caring, and we saw them sensitively helping someone to calm down after becoming upset. All patients regularly participated in activities in the community.
- **Food and health:** Patients were able to select food from a picture menu, which was prepared in the hospital's main canteen. There were also facilities for people to learn how to cook. Most people were regularly physically active.
- **Relations with the broader health and social care system:** The main problem that the service had was related to a shortage of available placements in the community for people with complex care needs. This has delayed the discharge of some people. However, all of the patients had concrete discharge plans in place, into newly-built facilities in the county.

Overall, Astley Court seemed to capture and respond to patients' views well, and seems to have an open and person-centred culture. The main problem the service faces is the inability to discharge people promptly, when they would like to leave. Plans were in place to attempt to remedy this situation.

Findings

Voice, choice and personalisation

Mechanisms for ensuring patients' voices were heard and responded to

The unit has a range of different ways of trying to understand patients' views. Each patient has a multi-disciplinary team meeting every two weeks. These are intended to be the patient's meeting, as well as having a clinical and organisational aspect to them. Not all patients will stay for the whole meeting, as they may not have the capacity, or want to stay for the whole of the meeting. So they will discuss the things that are important for them, starting with the question, 'how's my week been?', which gives them a chance to raise any concerns and have them addressed.

Patients also have 'named nurse' sessions, where they meet with the person who is their main support to discuss how they are and what they would like to do that week. There is also a PSD (Personal, Social and Developmental) meeting every two weeks, to discuss activities and learning.

The unit seems to make an effort to show patients that their views matter and are taken seriously. When there is a ward meeting, minutes are written up in accessible, Easy Read format, and displayed on the wall so that people can see what actions are being taken in response to their views. There is also a Trust-wide survey, 'Having Your Say', which leads to 'you said, we did' posters, which have a mixture of positive feedback, and then negative feedback and how the service is responding to them.

The service hosts weekly visits from an self-advocacy service for people with learning disabilities, called Opening Doors. These provide support for people to advocate for themselves, and give them information and skills training. However, people can also request personal advocates from an outside organisation called POhWER, if they want them.

Staff told us that the unit is also in close contact with the families wherever possible, to help them to understand how to help patients. They have social gatherings for patients and their families in the unit's resources room, and some relatives visit their family members on a weekly basis.

Premises

Astley Court is based at Little Plumstead hospital, along with Broadland Clinic, and the premises of outpatient and administrative services. There are housing estates close to the hospital, as well as green spaces and woods. Astley Court is a purpose built, one-storey building, built in 2013, and extended more recently.

The building throughout is in good repair, and very accessible. It has wide corridors, low pile carpet, and wide doorways, as well as lots of natural light. It is arranged around three main corridors, in a triangle shape. One of these has the main communal areas on, and is high ceiled, wide and spacious. There is a good-sized living room on the right, with a TV behind a screen, a sofa and two armchairs. The furniture is colourful and weighted, covered in a water-resistant material.

On the left in this corridor is a dining room with some round tables and chairs, and there is also a kitchen for patients to cook and learn how to cook. There is also a laundry room here. On the walls there are several noticeboards, with different types of information on. Some of these are about how to give feedback and how to complain. There is one noticeboard with the minutes in Easy Read format from the last ward meeting, and an easy read poster of 'You said, we did', from the latest Trust-wide survey of patients.

This corridor leads on to the women's corridor, which has bedrooms for three women, and a living room for women only, if they want to spend time away from the male patients. There was also a garden for the women to use, whose door was kept locked, because there were not good lines of sight for staff members to see them from other parts of the service, so people had to ask permission to use it. There was another pleasant garden space for all patients to use, however, whose door was unlocked because it could be seen from other parts of the unit. This contained flower beds and grass, and sturdy garden furniture.

One patient allowed us to see their bedroom. This contained a bed and cupboards, and was a good size. It had lots of space on noticeboards to put decorations up, and they had decorated them with photos of loved ones, messages from them and characters from their favourite TV show. They were not allowed to stick things on the walls as it would damage the paintwork, and had apparently not chosen the colour scheme for their room. This may however be an appropriate decision given that the service is supposed to provide short-term rehabilitation. The room also had an ensuite bathroom, and there are communal bathrooms on each corridor.

Since several of the bedrooms were not occupied, some were used for other purposes. One was used as a de-escalation space for when people got upset, and contained a chair, a beanbag and a television.

There are also two activity rooms. One is a sensory room which has (mostly) blacked out windows, a large white square on the floor taking up most of the space, a range of different lights, and a large cylinder with liquid in, and bubbles floating up through it. There is also a teaching room there, where people can do various kinds of learning, including art and crafts, but also literacy and other topics.

The more recently-built extension to the service contains de-escalation rooms for people to use when they are becoming violent, and need time to calm down before they can explain what is wrong. These are sparsely furnished, with some cushions, a beanbag and a toilet. There are observation windows in the door.

The other room is a seclusion room, which had one patient in it when we visited. This room is also sparsely furnished, but contained a bed. It also contained three cameras for staff to observe the patient.

Activities

Activities seemed to be well-personalised at the service, and staff told us that patients were regularly consulted about what they wanted to do each week – including the patient in long-term segregation. Patients are given an activity quiz in Easy Read format, that they fill in with each patient on a regular basis, which gives them the opportunity to tell staff what they would like to do each week. A member of staff would then turn the answers into an Easy Read plan for what the person would do that week. Some patients did not have the capacity to understand a week's plan, so they had a 'now, next' card instead, telling them what they should be doing now, and what will come immediately afterwards. Another way that staff tried to find out what people wanted was by observing their reactions when they make a change to their schedule. For example, they might start taking them on a particular kind of outing, and see how the person reacts.

Staff gave us examples of what this meant for particular patients in practice. On the day of our visit, one person had just come back from walking a dog, which was something that they had requested, and they also went swimming each week, again at their request, and liked to go shopping. Another person liked playing golf and crazy golf, and going for walks. A third was a member of a snooker club, liked going to the pub, and going on trips to Great Yarmouth.

Staff also told us that education is offered to patients every day except Wednesdays. People also have the opportunity to participate in the weekly self-advocacy and information sessions run by Opening Doors, and we were told that these are well-attended. Where people struggle with going on particular outings, staff told us that they used social stories as a way of helping them know what to expect on an outing, and to plan what they were going to do, and how to react in different situations.

The service manager told us that this was part of trying to 'provide a life' for patients at the service, which was not what the service was intended for, but given blockages in other parts of the system, the service had had to adapt. The self-advocacy service we asked about Astley Court told us that the service did a good job of being person-centred and open to new ideas, when trying to help people to live the life that they chose.

Relationships and community

Between staff and patients

The interactions we observed between patients and staff were respectful and caring. Both the manager and staff we spoke to were able to talk in detail about patients, and seemed to understand their needs well. The manager told us that their job was made more difficult by the fact that some people no longer wanted to live at the service, but were unable to move out in a timely way due to shortages of suitable placements.

When a patient became upset during our visit, we saw staff responding patiently and knowledgeably, helping this person to calm down and resolving their concern effectively. Staff showed us how they had adapted a spare bedroom into a space for this person to pursue certain activities on their own, to help them to manage their behaviour around certain parts of the daily schedule.

The self-advocacy organisation we consulted about Astley Court told us that the staff were good at being flexible and helping people to express themselves freely.

Relations between patients

Due to the nature of people's conditions, it seemed that most people at the service related more to staff than they did with other patients. Staff talked to us about how they managed occasional tensions between patients, by providing alternative spaces in the service for people to be in when tensions were likely to arise. Staff spoke to us about how they tried to help people manage romantic relationships in ways that respect people's right to choose their relationships, whilst also avoiding safeguarding concerns.

Relations between patients and the broader community

The purpose of the unit is to help people to be well enough to safely return to a placement in the community, and people receive personalised support to develop their capacity to do so. As part of this, and as mentioned in the section on Activities, the patients would go on multiple outings into the community each week. This included walking, doing sports and games, going to pubs and restaurants, and being members of clubs. They also participate in education sessions each week.

Food and health

People were able to choose their meals from a picture menu, and the meals mostly came from the central hospital canteen. The unit also has a kitchen for teaching people how to cook. We were told by staff that there had sometimes been tensions between patients at mealtimes, and so one of the empty bedrooms had been converted into an extra dining room, so that people could eat separately where necessary.

As mentioned in the section on activities, people were given the opportunity to take physical exercise. Some people went for regular walks, one person went swimming regularly, and another played golf.

Interactions with the broader health and social care system

The manager of the unit told us that the main problem that the unit has with other parts of the health and social care system, is related to the difficulties of discharging patients into the community in a timely way. The service is intended as a short-term service based on treating people so that they can return to the community. Initially this was working as intended, and people were treated and returned to the community promptly. However, due to dwindling capacity in the Norfolk system for people with more complex care needs, people who require more long-term rehabilitation have accumulated in the service, as there have not been suitable placements available for them to be discharged into.

When we visited, there were concrete discharge plans in place for all of the patients, including the person who was in long-term segregation. Some of these had required dedicated buildings to be built for them, and dedicated staff to be hired to look after them. Some of these placements were built under Norfolk County Council's new building programme, which is aiming to increase available placements for people with complex needs (see the full My Views Matter report for more details: https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/07/My-Views-Matter_FINAL.pdf).

Recommendations

Based on our observations during our visit, Astley Court seems to provide a well-personalised and caring service, where concerted efforts are made to elicit people's views, to show that they are taken seriously, and to respond to them. The unit also demonstrated an open culture during our visit, and during the regular visits of the self-advocacy group. The principal problem was that it was difficult to discharge some patients in a timely way, but plans were in place to remedy this.

Service Provider Response

We welcome Healthwatch Norfolk's report. It shows the positive, person-centred care we are proud to provide. We note the concerns about the long delays some individual service users experience in returning to the community, and are working closely with colleagues in social care to improve this.



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