

Our check of special healthcare services for people with learning disabilities What we found out



Easy read of:
Report of the specialist inpatient learning disability
services follow-up audits 2008/09

About the Care Quality Commission

We make sure there are good health services, and good social care for adults in England.

We check up on services run by the NHS, local councils, private companies and voluntary organisations.

And we speak up for the rights of people kept in care by a law called the Mental Health Act.

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What is this report about?

In 2007, 2 reports said special healthcare services for people with learning disabilities were bad.





People were shocked and very worried. Because of this, the Healthcare Commission did a big check of all these services to see for themselves. This was called the **National Audit**.

They found out more bad news. They found out that people with learning disabilities were treated poorly by many hospital staff and other healthcare services.

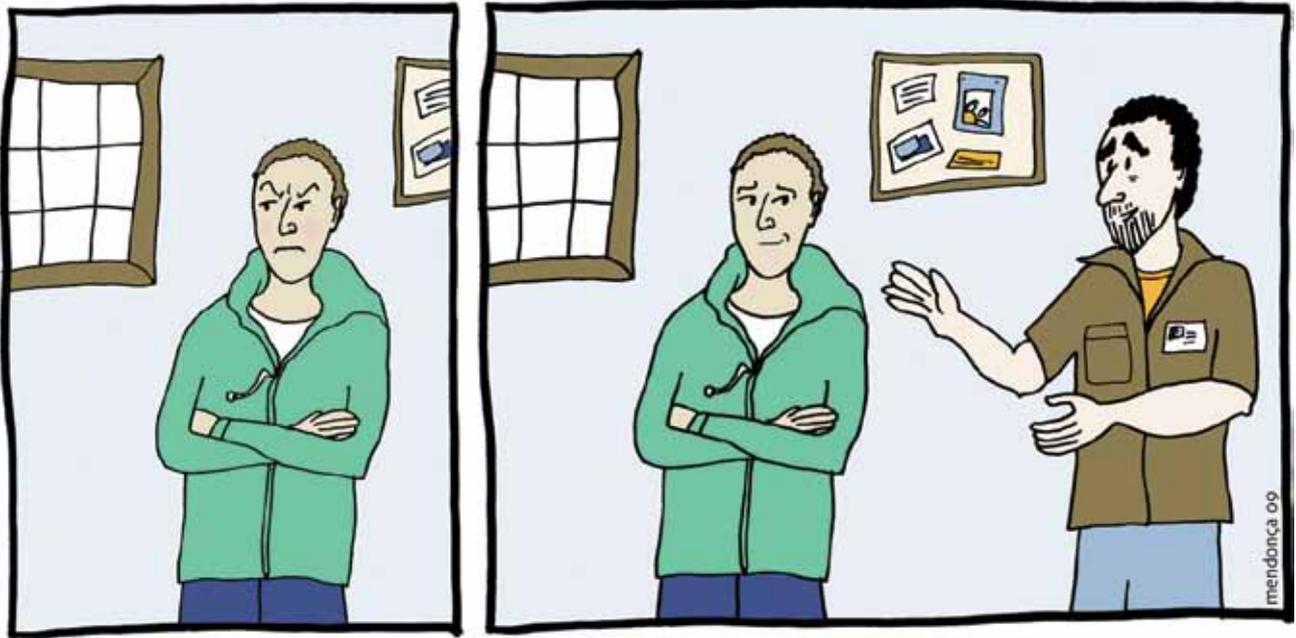


In 2009, the Government wrote a new plan to help people with learning disabilities have better lives. This was called Valuing People Now.

It said what the Government will do and what it expects different services to do.

It said that people with learning disabilities needed healthcare services that met their needs.





It talked about how people with complex needs needed better support.



It said that people of different races and communities should get all services fairly.



3 other reports said that people with learning disabilities were not getting healthcare fairly.

One report was about how 6 people with learning disabilities had died in healthcare.

They said people were not being looked after well enough in hospitals and other healthcare services.



Last year, the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission did a special check on services for people with learning disabilities and complex needs.

They looked at how local councils and the NHS planned and bought services for these people.

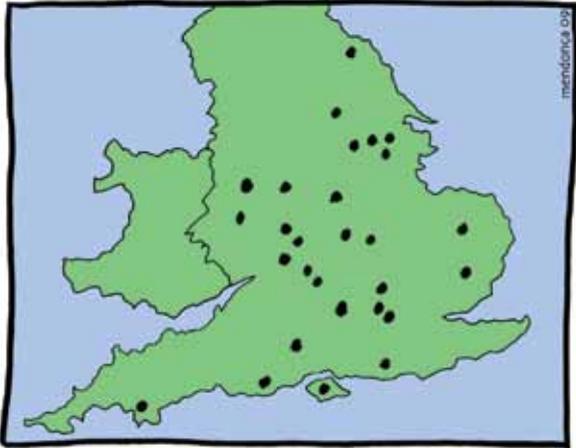
They found that a lot needed to be done. Services needed to be better for all people with learning disabilities.



The Healthcare Commission, now called the Care Quality Commission, decided it was time to do another check of special healthcare services for people with learning disabilities.

This is how we did it.

How we did the check



We checked 43 healthcare services in England.

We looked at many different types of services. For example, care for people who need urgent help (acute assessment and treatment services) and independent hospital care.



Each service was visited by a team. The team was made up of a healthcare expert, someone who did checks (an assessor) a person with learning disabilities or a family carer.

The same types of people made up the team that did the big check in 2007.

The team asked 12 questions in each service. They spoke to people who were in the services, staff and looked at people's care plans. They spent a whole day at each service.

After each visit, the team wrote a report about what they found out.



Staff had the chance to read the report. They could correct any mistakes before the report was sent to them.

These reports are now public (this means anyone can read it.) Easy read versions of the reports were made.

You can find these on the Care Quality Commission website: www.cqc.co.uk/1daudit



The main things we found out



Special healthcare services for people with learning disabilities have not got much better since 2007.



The worst services were harmful to people who used them.

These are the 8 areas we looked at and what we found out

1 "My Choices"



We looked at whether people were able to make choices about everyday things like food and clothes.

We also looked at the more important choices people make, like where to live and who to live with.

Some people were supported to make these choices with accessible information.

But not many services did this.



Most people did not have a choice about who to live with and who gave them support.

Some people could not choose whether a man or a woman gave them personal care.

We know that some services cannot give people these choices. For example, if someone goes into the service in a hurry because they need urgent help. They will not be able to choose who they live with or which staff help them.

But many of the services we looked at could do this. This is because people lived there for a longer time. But managers chose not to.



2. "My Day"

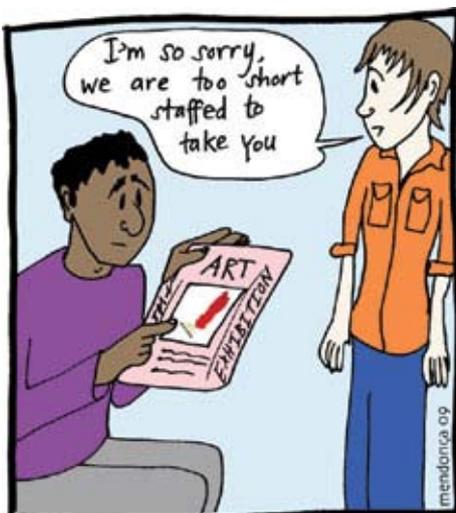
We looked at chances for people to do fun things in the service they used and in the local community.



Things had got better since 2007.

There were many things for people to do in services.

But many people were still not able to do things outside of the service. They could not take part in the community, like going to the pub or club.



This was mainly because there were not enough staff to support them to do this.

3 “My Rights”

We looked at how people’s rights were respected and kept safe.

Most services did badly in this area.

There were not as many advocacy services as there were in 2007. Advocacy is when someone finds out what you want and speaks for you



Many services had no advocacy for people at all.



Many services controlled people's comings and goings too much.

Many services did not allow people to go into certain parts of their buildings for no good reason. They were kept locked a lot of the time.

In 2001, Valuing People said that people should be involved in care plans. But many services were not getting people involved.



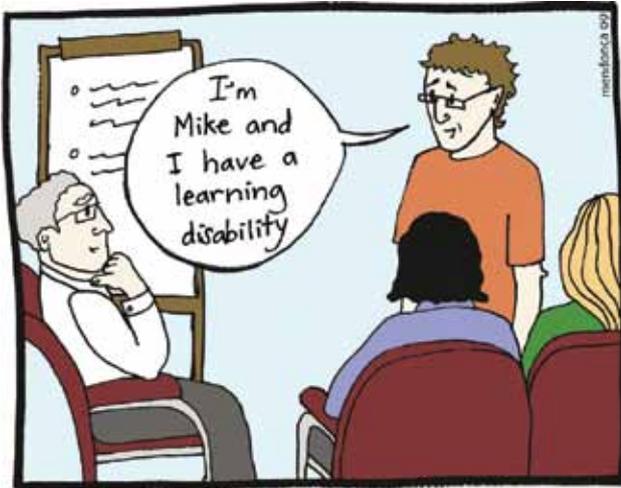
Only some people were involved in making their Health Action Plans and Person Centred Plans.

We were worried to find that not many services were using the Care Programme Approach (CPA) when assessing people's needs.

This was a way of making sure people were properly assessed. Assessed means finding out what support you need.

4 “My Well-Being”

We looked at the basic needs of people who used these special healthcare services.



Staff were better trained and knew more about abuse than in 2007.

It was much easier for staff to tell the people in charge when rules were being broken.

Only some services needed to do better at these things.

But we found that even though training was better, some services were not doing things right.

Some services were so worrying that we had to tell the staff in charge on the day we visited. We had to do this for more services than in 2007.



Some services supported people to choose how their money was spent.

But many services still need to do this.



Sometimes people need to be stopped from doing some things. This could be because they could hurt themselves or others.

Sometimes services need to use medicines to help people to control the way they behave.

Services have rules about how they do this. Most services needed to check that they were doing this the right way.

Some services needed stronger and better rules on how to do this.

5 Family and friends

We looked at how people were supported to stay in touch with families and to make friends.



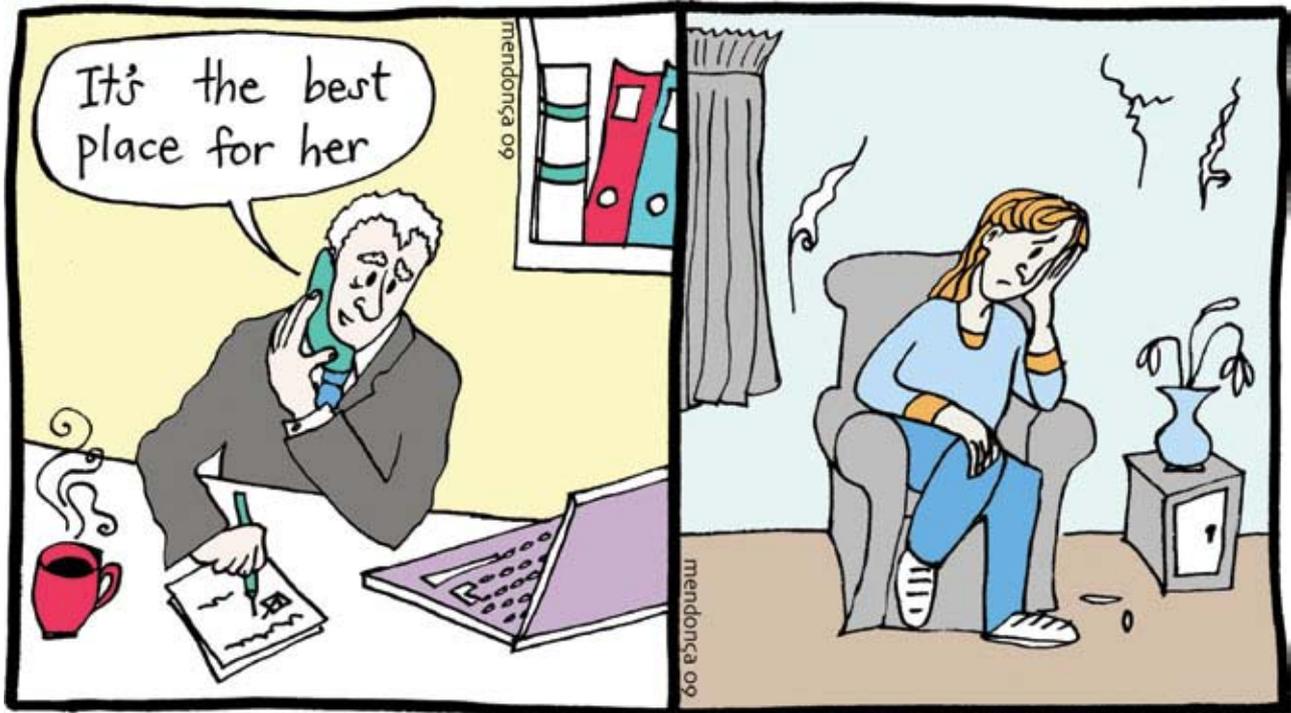
Services had got better at this since 2007.



Some services were working hard to help people make friends outside the service they used.

6 Checking Quality

People who plan and buy services are called commissioners.



Some services were not checked by commissioners to make sure they are doing a good job.

Many services were not checked regularly by senior managers for quality.

7 Staff

Many services found it hard to keep good staff.

Many services needed to know about new ways of supporting people with learning disabilities.

Their ways of working were not good enough anymore.

Many staff were not supported well and were unhappy.

Services need to look at why staff were unhappy and make big changes to the way they worked.



8 Leadership



We looked at whether services had good leaders. Leaders are the people in charge of an organisation.

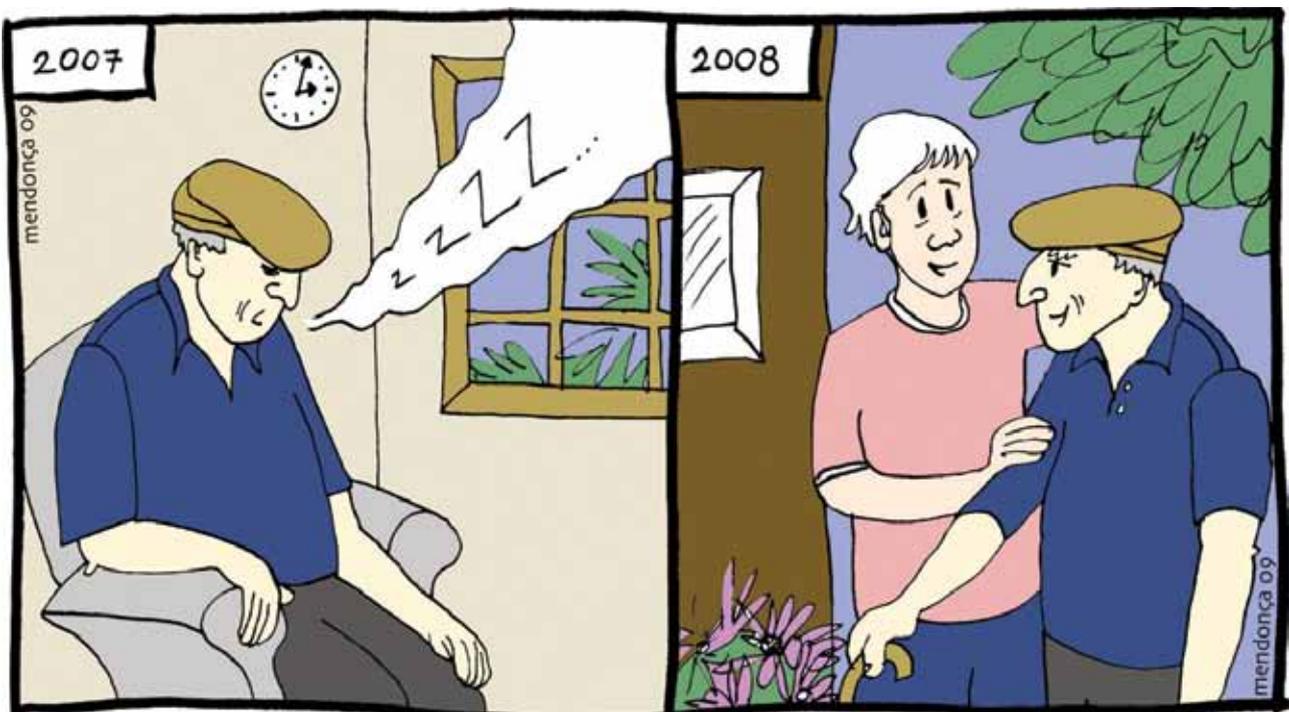
We did not find enough good leaders in charge of services.

10 services that were checked in 2007

We checked 10 services again that had been checked in 2007.

More than half had got lots better. Some were a little bit better, and some were no better.

What does all this tell us?



Most of the 10 services that we checked again were better than lots of the other services.



The services that were looked after carefully by senior managers and commissioners were better than those that were not.



People who work in healthcare need to be reminded what a good quality service means.

We think they need to look at these 3 things:

1. Leadership

Services do well when the people in charge are good leaders. Good leaders make sure that their services are good quality.

They support staff well so that they are good at their jobs.

When staff are well supported by their managers, they support each other well too.



There should be courses for people to become good leaders.

These courses should be shared between local areas for senior people who work in learning disability services.

2. Belief

The Care Quality Commission's job is to check that services are doing well.

But we think checks from us are not enough.

We think if everyone believes in the same thing we do, then services would be better.



We believe that people with learning disabilities are no different from anyone else.

If everyone believes this, they will be able to see if the service they are giving is good enough.

They would ask themselves, "Would I be happy using this service myself?"

If the answer is, "No," then they would do something about it.

3. Including everyone



We think services can only get better if people who use services and their families:

- had more information about how services should be
- had more say in how they are run.

Services would also do better and do more, if people in the community knew about the good things they have done.

What needs to be done

To make services better, these people need to do these things:

- **Boards of organisations that run services**

A board is the group of senior managers in charge of an organisation.



We think they should write regular reports about how well their services are being run.

They should write a learning disability action plan for their organisation.

To help them do this, they should have a person with learning disabilities and a family carer on the board.

The plans should make sure staff are working in a modern way.

They should think about getting one of their senior managers called a Non Executive to be a champion. A champion fights for the rights of people with learning disabilities.



Boards could involve people with learning disabilities and family carers in making sure the services are good quality.

They should tell the new regional Valuing People boards what they find out. This is so everybody can see what services are like.

- **Commissioners**



Commissioners should follow Valuing People Now to plan and buy services.

They should not plan and buy services that are not modern.



They should make sure that there is local, skilled support for people who have behaviour that is harder to deal with.

They should do regular checks on the services they have bought.

• Strategic Health Authorities and Monitor



We would like these organisations to support the things that need to be done.

There is a Strategic Health Authority in all areas in England. They are in charge of lots of NHS services in their area.

They need to make sure services are doing their Board's action plan.

They need to make sure that commissioners know what modern services look like.

Monitor is an independent organisation. This means they are not part of the government.

They check NHS services called Foundation Trusts. We want them to work with the trusts to make sure the quality of services is better.

• Learning Disability Partnership Boards



We would like Learning Disability Partnership Boards to work together with people with learning disabilities and their families.

They should work together to check services and speak out if services are not good enough.

They should work with NHS Trusts to give better services.

Thanks

We would like to thank all the people in the teams that visited services for people with learning disabilities who helped us to make this report.



Credits

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