

**Living Life Now**

A report by Dudley Advocacy looking at the lives now of the people who used to live at Ridge Hill Hospital and how their lives compare in the community six years on

**Report overview**

During the years of 2003 to 2007 the final stage closure of Ridge Hill Hospital, a long stay hospital for people with learning disabilities, took place.

Families, nursing staff, health professionals, new care providers, commissioners, together with Dudley’s Accommodation and Support Team and independent advocacy provided by Dudley Advocacy planned the transition for the last group of individuals to move from the long stay hospital into their own homes, which was supported living or residential care in the community.

This report was undertaken from January to April 2013, by Gill Hammett from Dudley Advocacy, the original independent advocate commissioned to provide support to the people leaving Ridge Hill hospital during the closure. Gill returned to meet with the remaining 23 people and their families as part of this report.

To ensure a wide range of comments and comparisons were captured a questionnaire was used for each interview. The following topics were covered:

 Community Independence Transport Housing Safety Health Money

Within each subject we have provided comments obtained during the interviews and in addition a chart showing the scores given to indicate the differences between living in a long stay hospital compared to life now in the community.

The Interviews took place in people’s homes alongside their support staff or family member where possible This gave them the opportunity to give better accounts and share some of the examples quoted in this report .Over three months we involved individuals, families and health professionals, as well as support staff from the two commissioned providers, Lifeway’s and Trident. Many TUPE (Transfer of Undertakings Protection of Employment) staff from Ridge Hill moved over to the new providers, so where possible we met with these as they would be able to remember life at the hospital and give better comparisons.

Due to the level of learning disability of most individuals being moderate to severe we were only able to interview three who had the ability to communicate some of their views. All other information was gained through a support worker, family member or health professional. While visiting each individual non-instructed advocacy was used to observe each person to add to the evidence. And since the report there has been a total of 7 extra referrals to the advocacy service.

\*Please note that all graphs taken from the questionnaire show scoring of poor =1 to great =5 with numbers on the lower line representing the 23 individuals who took part in the survey. Accompanying this report is an easy accessible version.

**Community Life**

**We asked people, do you or the person you support feel part of the community and asked them to compare community life at Ridge Hill to life now**

The individuals that were seen took part in a massive range of activities in the community, some of which are listed below:

Visits to Thinktank, steam trains, cinema, theatre trips, undertaking weekly food shopping, jubilee street party, meals out, gap club, massage therapy, art, bike riding, fruit picking, lunch clubs, church groups, visits to Worcester, gym, meeting family, hairdressers, Fish pedicure.

This list went on; with people trying new things regularly and looking out for new opportunities. Individuals were recognised by services they used by name or for some workers areas in retail they had become regular recognised customers to shops and therefore acknowledged as members of their community. Local shops and amenities had become very important to people, with some schemes having them close by had a real positive helping with familiarity and building confidence as well as creating a community feel. We would suggest this would be a good area to consider for future new builds, as some of the builds on the hospital site said they did feel isolated and it lacked a community feel as the site it was built on has been slow to develop and has become neglected in places.

One provider held a regular social event bringing all their schemes together and this was liked by people using that service and gave people the opportunity to meet up.

Comments around being able to do something spur of the moment in the community by using individualised hours of staff support, made real differences for people. This was not always possible at the hospital. Often there had to be turn taking in many cases, often it was difficult to do what everyone wanted.

Many people spoke about the positive attitudes of neighbours and how people were treated with respect by them. There were only a couple of cases where neighbours had caused any problems. Even though at the start of the closure there had been some serious negativity from the public around the moves into the community.

With one individual they had moved into further more suitable accommodation and many of his neighbours had stayed in touch and he had made lots of friends in his old street some of which he meets now for lunch.

Ridge Hill hospital did however have its own community, with space and freedom for a few to walk around on their own around and for some they really missed this. It gave some time and space away from the bungalows they lived in even although this was contained within the grounds of the hospital. This is now done with support staff close by.

Also schemes supporting only one person in their own home said it was sometimes hard to find information on community activities for people with high support needs or with behaviours that challenge. Requests for somewhere they could go to for more information not just using on line services but an actual places to find out this information to widen their activities in the community.

Results showed how people were accessing the community more and using a wider variety of places. Attitudes by neighbours were found to be positive and people had become valued as members of that community

**Independence**

**We asked people to rate the differences around people being independent comparing Ridge Hill to life now.**

Homes with adapted living was one of the areas where most people commented on. Many of the new builds had been designed around the individuals giving them greater independence around their home. Also the increase in individual support meant people had more time to be supported and opportunities to be more independent.

Due to restrictions living within a hospital people were not always able to access their kitchens and many were locked for safety reasons. Often this depended on who you lived with and if there was risks posed to them this restriction would commonly apply to you also.

This however is not the case now. Most of the people we met could now access all area of their homes including kitchens and utility areas encouraging people to be supported to cook, prepare their own meals and do their own laundry where possible.

The hospital did however give some greater independence when out walking the grounds alone. Some comments said how this was hard to replicate in the community.

Garden areas were a great improvement for most, having larger and more accessible outside space. However for a couple of housing providers when gardens needed further adaption and maintenance, it did seem more difficult to get things changed as people wanted. These raising issues regarding tenancy agreements individuals had with their providers.

Having food pre-prepared outside of the hospital had changed, many were involved in their weekly shop, planning meals and there were lots of stories on how this had given greater independence and choice and was one of the areas people most enjoyed.

One area that was raised over independence was the chance for some of the people with profound and multiple disabilities to have day bed areas in their homes .This has created chances to have more freedom from their wheelchairs and felt more safe when doing this in areas designed specifically around them.

**Independence now**

In some cases families felt that independence for the people with the most profound disabilities had not changed due to their disability. We did find that people had regular staff who offered consistent approaches and this was important to people and their families.

There was greater independence by owning cars and the freedom to go out when they choose. For some who rely on a 2-1 element for support for this to happen, this was not as easy but work around having individualised budgets did mean that they had specific time for activities and outings to happen, but it was in a more structured way.

Results from the questionnaire suggested that the people who were more able had the greater increase around independence, being able to access more of their home and having more time to do this given the higher levels of staffing available and individual support.

**Transport**

**We asked people to compare how they use transport to get to the places they go to and how this differs with the transport at Ridge Hill Hospital**

A range of transport methods were commonly used for people, these include some having their own mobility cars, others used regular taxis and some had used public transport where possible. There was also positive feedback where people had used coaches for day trips, train and public transport as well a further option accessing holidays where they had used a hired car.

Using taxis were common practice for some. Certain taxi drivers had become regulars to some with and people liked services that consistency and familiarity.

People found taxis to sometimes be awkward and couldn’t always be as flexible as people needed. Support staff would often comment how high the cost was to individuals and I did find that many staff unaware of the actual amount in people’s mobility budget. Some support workers presumed that cars offered greater freedom compared to using taxis, for some this may be the case but it is on a very individual basis. As it is a lengthy commitment for some that can be static should your mobility change or you have limited driving support staff available.

For a couple of people transport that was originally planned this the transition into the community had changed and their form of transport was not as appropriate for them anymore or was not financially viable as they had hoped.

Minibuses were provided when living at the hospital, but often people would have to share a journey with others or have to wait in turn for your chance to use it. Making many frustrated and limited to the amount of times they could access outside activities.

The questionnaire’s suggested that transport has been greatly improved. Individuals were planned with around outings and which mode of transport would be best. Purchases to mobility cars seemed popular with some but thoughts around if the person can maximise the use of this still needed careful consideration.

**Housing**

**We asked people what their housing was like now, compared to life living at Ridge Hill**

Hospital living was hard to make homely although it had attempted attempt to environments as home-like as it could. In contrast to this all of the people who left Ridge Hill are now living in homes of their own, shared supported living schemes and two individuals live in small residential homes.

Living in own homes not hospital wards, was recognised as the greatest change for most. With the closure having a long planning process and resources made available to fund new housing projects where most homes were specifically designed around the individual’s needs.

Comments from the people who took part in the questionnaire said how people’s homes had become individual and homely. People’s properties were individually decorated and on my visits it was nice to see how their personalities had come out which was in contrast to hospital environment.

 Housing providers that had either been commissioned to develop new builds or existing properties scored differently depending on each scheme. Rating highly were CHADD, Stonham and Dudley Council. Bromford and Accord scored lower and comments were made how they were difficult to engage with and how persistent staff and families had to be to get some areas of work done.

At the schemes that were developed on the Ridge Hill site comments around poor security lighting and that due to lack of development the ground had become clearly neglected as no development on the old bungalows sites had took place as planned due to the drop in new property builds during the recession.

Staff commented that support to understand tenancies could be one area for improvement. These contracts were sometimes complicated and hard to relay to people. A suggestion that easy accessible information be more available. Clearer breakdowns in service charges would also help to clarify what landlords were responsible for and which parts the tenant was.

Staff confidence around supporting people with their properties and tenancy’s was a real learning curve for some. Many had been used to working in an institutionalised environment. Perhaps more training and on-going support was needed to staff to make them more aware of their role now in relation to people’s homes and how they played a part in helping people with the upkeep and maintenance of these their properties. Living at the hospital meant that it was constantly maintained and decorated by in-house contracts, and responsibilities had now shifted over to peoples support staff and landlords.

Positive comments around how homely environments were now, and how individuals belongings were now ‘theirs ‘and could not be misplaced, broken or taken by others.

Results have shown that housing accommodation for people is more focused around the individuals that live there. Many of the new build accommodation have offered homes for life as they were built around the design that people’s needs may differ as they age and their home should be able to change with them.

**Safety**

**We asked people about their safety now, compared to their life living at Ridge Hill Hospital**

Developments in safeguarding procedures have dramatically changed. Because Ridge Hill had nursing staff support to people, many of the instances where nurse care was needed it was readily available, so some medical interventions could be managed there. Community life now for people is provided by support staff, which unlike nursing staff cannot react or treat a person in the same manner. Therefore now there higher recording methods to support people’s safety making hospital admission more common, more reports through to safeguarding and more frequent visits to GP’s.

Referrals to safeguarding were higher and for some of this was due to the increase in monitoring now and the developments in how safeguarding is reported. The graphs (page 10) show people had said overall how much safer people felt now and this was due to the changes in safeguarding procedures alongside people living in their own homes with their own care.

When speaking to health professionals who worked at Ridge Hill they commented that the recording of seizures is higher now due to people are getting more one to one support now. Although when recorded it looked like their epilepsy had worsened in fact this was due to more observation being able to take place due to higher staffing ratios.

Overall we received lots of feedback on how much safer peoples environments were now. It was hard to live within large groups at the hospital without the threats posed by others.

 There was a lot of turn taking which had to take place to support people within the hospital and these restrictions made life very difficult for some.

Most of those instances don’t happen now as people are either supported individually as they wish or live within groups who have be placed together so that their lifestyles can complement each other.

There are different risks to some now due to the deterioration in people’s mobility and for some to keep them safe there may be an increase or developments in their future support.

Safer environments and people’s homes being designed around them had created safer places to live. At some schemes built on the old hospital site there was concern that some street lighting had been turned off making the homes feel isolated and there was little known around why this had been done.

Staff training was also recognised as playing an important role where safety was concerned.

The results collated showed the impact how over the past six years safeguarding has further developed nationally and how differently this is supported. Overall the comments that the difficulties in sharing your home with people that you would not have chosen to, and due to behaviours that challenge therefore may have threated your safety at times, were no longer there.

**Health**

**We asked people what their health support is like now compared to life living at Ridge Hill**

Ridge Hill hospital was able to treat people for many conditions and illnesses in house supported by the qualified nursing staff. Now with people living in the community trained care staff can only support people up to a point then they will rely on health services to support that person.

A range of outside services were used by people including: dietician, PEG feed support, psychology, dysphagia, epilepsy support, chiropody, blood tests, wheelchair services etc.

Many comments came back how good these links are and that appointments and the quality of support was excellent. GP’s mainly received positive comments and would provide individualised support to a person should they need it. Staff felt some locum doctors has been shown to have less awareness and showed poor attitudes around a person with a learning disability and recommended they received more training around this.

In particular the support from the Ridge Hill Centre specialist services rated really highly with people, many of these professionals had known individuals of a long time and their expert advice and training was a great resource to the Blackcountry.

Russells Hall hospital received both good and bad feedback. Many comments said how the attitudes and awareness around people with learning disabilities still had a long way to go and we hope that the introduction of the new learning disabilities liaison nurse at Russells Hall will improve this awareness further.

Some families felt that their relative used many of their individual hours support at health appointments and this lowered the hours available for other activities and this did seem unfair. Support staff and families asked if reviews by the local authority to continue so that

this area of support could be monitored so people were able to use their hours to balance both health needs and lifestyle choices.

One area that did come out of the surveys was that people really liked to have a named Community Nurse in Dudley. The link worker really made a difference and for those reviews of people, many who have high support needs as changes for these people happened regularly. It also gave staff more confidence and families somewhere to go should they have a query or concern.

To some living at Badger Court there had been no community nurse for some time and with these people receiving very high support, their needs changed constantly. This made some issues take longer to resolve by not having a named allocated worker available for advice or to monitor. Good news however is that in more recent weeks a new allocated worker has been assigned to this scheme.

In supported living there does seem to be more issues for people to consider like, tenancy, health support, finance planning, adaptations, mobility etc. Although care services do their best having named community workers who knew individuals really made a difference.

Results have highlighted that by leaving your life behind in the hospital this did not compromise your health, and that services in the community are very good for people once they have moved out.

**Money**

**We asked people what their money was like now compared to life at Ridge Hill**

We found that finances were supported by either the local authority appointee system, the care provider or families.

The Local Authority gave a good service and were available to meet with people and give their support at finance planning meetings. The procedures at the hospital made money easy to access for people. Whereas now there are more systems in place for people to get their money, but this is more planned. Many commented that some enjoyed collecting their money from the neighbourhood offices in the borough.

Staff awareness around budgeting was good in some places but poor in others, there does need to be work with some support staff on their responsibilities to budget for individuals and planning around how to book holidays and how finances work.

The accommodation and support team along with advocacy have done some positive person centred work around understanding and forecasting people’s budgets so they make the most out of their money and it would be good to continue some of this work with all people involved in the resettlement scheme.

The hospital structures made decisions around holidays and ordering money easier and not so time consuming. Now the process is more lengthy, but more person centred and offers more choice. The effort and focus has shifted now more on the support workers to be inventive and staff asked for better help to plan to do this for the people they support.

The results have shown that money at Ridge Hill was managed for people well but now in the community individuals have more choice and accessibility to spend it.

**Conclusion**

**In conclusion, people‘s lives appear to have dramatically changed by moving away from their institutionalised lives at the hospital. Individuals clearly have a greater presence in their communities and have more independence. Money and transport are able to be more person centred and have given people more choice in how they live. Health support away from the hospital was good and had become more individual led. Finally, being supported in your very own home and feeling safe within this, was the area where it had shown to have the most significant change for people.**

**From our findings we would like to make the following recommendations:**

**Community** Considerations when planning and commissioning new builds for people with learning disabilities that they need to be accessible to local amenities

More information to people (not just online services) that can give access to activities in the community. Particularly for people who have more profound and complex needs and those who have behaviours that challenge

**Independence** Some tenant’s garden areas need updating and developing so that can increase their mobility to access to their garden space more independently and safely

**Transport** On-going support for staff to understand more around people’s mobility budgets and how to work out if owning a vehicle is the best choice for that person

**Housing** A suggestion that monitoring/questionnaires be used by housing providers around issues regarding maintenance on homes to help people feedback to their landlords better

Easier to understand tenancy agreements and better breakdowns of service charges

Further training and support to staff and families on how to support people to update, modify and maintain their properties

**Feeling safe** Investigations into the lack of lighting on the Badger Court, Brooksmead and Meadow Rise properties to be looked into

**Health** Monitoring for the people who used many of their individual hours for health appointments to see how many of these hours were used

**Money** Further training to increase staff and families awareness on how to budget for the people they support and how to maximise the use of this money

**Listed below are a few comments made by people interviewed that I felt needed to be include to this report.**

*“Having a named worker from CTLD has really helped the person we support”*

*Staff - “When sharing my home with new people it was really important to get the right mix, finding the right personalities was hard, we had a void place one person didn’t work out, so they listened to us and stopped them coming, we have found the right people now”* the person then commented “*I like the people I live with now”*

*“I’m more interested in things now”*

*“Our daughter used to get Hydrotherapy, but doesn’t now, we wish there was something she could access that has similar facilities”*

*“People are involved in their finances more”*

*“We have been so lucky to keep things how he wanted it, with him coming to stay with his family every week”*

*“As family, would like to have better communication with staff and be involved in meetings”*

*“We’ve found a café that really suits him he used to never cope with that; the staff know his needs and have made real improvements in his life”*

*“We trust the staff, they care and look after my son, they are caring and dedicated, and it’s a very happy home”*

*“we want to know about more activities on offer in the community to suit the people with higher more complex needs”*

*“Moving into his new home from leaving Ridge Hill has made the world of difference to my son; it has given him a much better quality of life and has made the world of difference”*

*“Having a dedicate team has reflected in a significant improvement to a person’s behaviours, he often comments that he is, Very Happy!”*

*“My sisters life is incomparable with her existence at Ridge Hill her physical health but more importantly her mental health has been hugely promoted by the environment and the stimulating circumstance she now experiences, at this late stage in life, her ability to relax in an un-threatened way has enabled her to trust her carers and develop friendships and share a loving bond with those around her. As a result she now shows a far greater capability than many people thought possible. She loves to do things for herself and take pride in herself as well as a domestic a social life. She is very happy – and deserves to be. Seeing my sister comfortable, happy, secure and well cared for, has given myself and the family a huge sense of relief and satisfaction it has given us a new lease of life”*

**Gill Hammett /Dudley Advocacy/April 2013**