

# Consult people

## Reporters

Tracy Jones and Stacey Clarke at [The Danshell Group](#) on 4 March 2015.

## What did you do<sup>i</sup>?

We used to run a service user forum to pool ideas and seek out the preferences of people living in our locked rehabilitation unit. The service user group changed and now consists of people who do not like attending meetings, so we explore their views individually and act on their preferences whenever possible.

## What is excellent about it?

As a result of these consultations, there have been several changes in the way that the unit operates. Meal menus have changed, communal areas have been decorated and furnished in response to people's preferences, there are new storage lockers for patients to look after their belongings and there are many more opportunities for physical activity. We feel that staff are paying more attention to people's views and as a result, patients are more settled. This step has contributed to the reduction in incidents that has occurred over recent months. The service user forum used to be a rather tokenistic activity, undertaken to meet external requirements, but now the process feels meaningful and achieves positive outcomes.

A key issue has been the change in the process by which people express their preferences. In the old arrangement, people were often asked just once and their response was viewed as the result of the consultation. This does not work well with people who do not use words to communicate, people whose moods fluctuate, people who need time to process the options, or people who are susceptible to suggestion. So now, considerable effort is put into personalised communication support.

When a topic is identified for decision, it takes its place in the programme and only one topic is explored at any one time. The staff member who takes responsibility for this process then prepares materials to help people join in, including a themed notice board, personalised flash cards to support individual decision making, and relevant experiences. These supports are then used for perhaps a week to establish the person's settled preference rather than their impulsive response to the initial inquiry.

## Stories of Striving for Excellence in Locked Rehabilitation Services

For example, when we discussed menus, people had an opportunity to taste the meals under discussion. We then began an extended consultation process with each person, checking their mealtime behaviour, their responses to the flash cards over several trials, and their responses with different staff and other influencers, such as time of day and degree of hunger.

### Even better next time?

We want to ensure that this 'slow' approach to consultation is used as part of care planning and indeed, all interactions with people using the service. The individualised communication work, such as creating personalised flash cards, was informed by advice from the Speech and Language Therapist and was aligned to the communication passports that are part of each person's support plan. We have valued input from the Speech Therapist and the Psychologist to help us interpret behaviour and identify the person's settled preference.

This work has pressed us to remain curious about how the people we support communicate their preferences, especially when they do not use words or express their feelings in unusual ways. We continue to find out new things about people, even when we have known them for several years.

Our individualised approach to consultation has worked well, but we continue to wonder whether a group meeting may be possible in the future. We also want to make more of the informal opportunities to discuss topics with people whilst walking or painting or preparing food, rather than relying too much on formal, pre-planned processes.

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<sup>i</sup> [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- A series of seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.