



## **Managing care**

### *Organisational change*

#### **Rissa de la Paz**

Organisational change. The Beeches is a health trust service for people with learning difficulties. It provides assessment and treatment for people with special needs, some of whom may also have a mental health problem. The unit has recently had to move site, involving an adjustment to their client base and a merger of staff to provide a more carefully honed mix of skills. Peter, the project manager at the service, describes the impetus for the change.

#### **Peter**

About six months ago we were in another building, which was bought many years ago and we had first floor accommodation which causes risks in its own way. It's much better to care for the client group we have on ground floor accommodation and being able to have enough space to actually nurse people appropriately etc. So we had real problems with Health and Safety to a degree, the safety of clients, the safety of the staff and the fact that the setting was in quite a rural setting as well. There wasn't a bus route, we're in the middle of woods, in the middle of nowhere. Didn't help with regards to sort of community participation and stuff which is a big thing for us, we need to try and get people back into the community and develop their skills. Or give them experiences they've never had before. So we sort of grasped the nettle again and said, "No, this is the way we want to move forward." I think there was a need to, like any change, convince people that it was right, that we couldn't carry on like this.

#### **Rissa de la Paz**

It became increasingly difficult for staff to cope with the complex mix of clients on a single site. Some people required long term care, while others needed assessment for severe mental health problems such as manic depression. Michelle is an occupational therapist who played a key supporting role in implementing the change. She takes up the story.

#### **Michelle**

I think there was lots of pressure coming clinically and from staff teams, that we had two different client mixes and they, they just weren't compatible living together and I think it was just getting higher and higher profile. There were long-stay people, people wanted a social care model and other people needed a very strong health model. So it was debated clinically, managerially, what was the easiest way to go.

#### **Rissa de la Paz**

Opting for change is one thing – but implementing it is another. How did Peter as project manager, encourage his staff to embrace the change?

#### **Peter**

That was one of my biggest obstacles, was explaining to people "look, it's going to be better, I promise you." You might be, you know, moaning to me about how awful this place is, but actually when it comes to push to shove, you're more scared of moving and I think that became a real problem.

I think one of the biggest things I used really and one of the more simpler things to be used really is involvement, of saying to people "look this is what we're looking at designing, give us some input, what do you think?" We sent all sorts of grades of nurses and whatever out to go and look at places to bring information back. So it had that element of ownership to a degree and basically whenever I know anything, my staff know it as well. And I think that's important.

#### **Rissa de la Paz**

Communication was vital for both staff and clients to feel involved in effecting the change.

**Peter**

We have a very simple thing called a Work Communication Book, where everything is written in the Communication Book and people have to go and read it. We also have house meetings and there are two sorts of house, we have a qualified house meeting, which is not a 'them and us' scenario, it's the fact that within a qualified remit there are things that are quite specific to qualified nurses. We also have regular house meetings where the whole team are invited to come along. And at those times I will share where we are at with regards to for example the service.

**Rissa de la Paz**

As an interim measure, some of the staff and clients from the Beeches moved to Middleside, another learning disabilities service, while waiting for their new purpose-built accommodation. The aim of this merger was to bring together clients with similar needs and provide the mix of staff to support them. How did it actually feel at grass-roots level? Rick, a care assistant at the merged unit.

**Rick**

It wasn't as relaxed as it might have been at hand-over time because you were kind of in a room with people that you didn't really know anything about. So there was just a, maybe a little bit of an uncomfortable time, rather than the low period. But we've managed to do it in such a way that we've got to know each other's clients and we're all working as one team with the whole client group.

**Rissa de la Paz**

Nurses Rowena and Andrew add their views.

**Rowena**

We'd worked with very different client groups. That was the big surprise at the end of the day, except that I think it was anticipated that there would be friction and conflict. But people seemed to have worked quite well together and seem to be willing to work with each other's clients. But I think we weren't informed perhaps as well as we could have been.

**Andrew**

There was very much the culture from the previous location, was brought down and it has tended to dominate and so the existing staff from this location who have stayed on have, I think have felt that their own culture has been diminished and that's led to some dissatisfaction.

**Rissa de la Paz**

Delays in making a move compounded people's anxieties. Occupational therapist Michelle comments.

**Michelle**

We were given certain dates of when it was gonna happen and then you know there was a lot of inconsistencies about a miscommunication flying about and there seemed to be, you know quite a lot of people involved in it. The whole transition could have been done a lot more smoothly I think than it did. But at the end of the day it all seemed to fit together reasonably okay.

**Rissa de la Paz**

Quite apart from staffing issues were difficulties of communicating with the severely disabled residents. What has been the impact on them? Manager Peter and nurse Linda comment.

**Pete**

I think we've managed to improve the quality of life already. We've increased levels of activity. We've increased the sort of time interacting with people. The dynamics of this building are very much different. There's less people per house.

**Linda**

If I looked particularly at one lady who's moved here, I've just charted out a lot of her self-injurious behaviour. Looking at the last eight weeks since we've been here and the previous eight weeks to that, and the week that we moved and the week following that, we saw a very, very minor increase in her self-injurious behaviour. It probably went up two incidents a week and then that levelled back down again to what we were seeing at the unit that she previously lived at. And I think that's a really good example that we've sort of maintained consistency really with her, because the staff team knew her. This particular lady's father has been to visit and is very pleased with the way that she is coping with the change.

**Rissa de la Paz**

Reflecting on the transition, what lessons have been learned? Michelle voices concerns on behalf of the staff.

**Michelle**

I think there should have been an opportunity for staff support, more so, and supervision should have been higher on the agenda for staff. Particularly the one's that didn't feel they had a voice in it. You become quite overwhelmed by your own role in it and don't see the people that are floor level and how they're struggling and how they're feeling. Particularly staff, some staff had been there fourteen years, as long as the service had been there and to move them from somewhere that had been their main role for fourteen years was quite - should have probably been thought about a bit more.

**Rissa de la Paz**

Care assistant Rick argues that support for clients could have been more carefully considered.

**Rick**

Although it was a long-term thing it was quite sudden in the end. You know when it finally happened we all did just turn up one day with two clients. We didn't get a chance to maybe bring the clients out and have a look around, which would have been difficult anyway with the clients involved. But it would have been something that I would, I would have liked to seen done in one way or the other.

**Rissa de la Paz**

Managing the transition in a more strategic and coordinated fashion was a task in itself, argues Linda, a nurse.

**Linda**

I think that the whole move should have been managed by one person, who was taken out of their usual place of work for two or three months and I think that one person should have coordinated every different aspect of the change. So that would have been the building alterations, rota planning, just every aspect.

**Rissa de la Paz**

How will change affect the professional development of staff? The team are managing the service as it is, while trying to improve their skills in assessment and treatment, for when they make their final move.

**Michelle**

There's a lot of fear that staff will become de-skilled in the area they're expected to be specialists in. Think that's, that's the major concern, is that we'll all become very Autism led and great specialists in Autism, then expected to go to assessment and treatment and be able to become specialists in dual diagnosis in mental health, having not done it for however long.

**Rowena**

People are still wondering about what's gonna happen and what people are fixing on at the moment is that we've been given this time-scale of a year, when quite a few of us know that a year in NHS terms is five years in reality. If you're talking about identifying what service

development and needs are, to having a purpose built unit, to recruiting staff, to getting staff trained. You know, you're looking at quite a few years down the line really.

**Rissa de la Paz**

Clearly while change can be exciting and provide new opportunities to improve a service, it presents front-line managers with a number of challenges. How do they keep the old systems running, manage the transition phase and develop new structures? It's a constant process of negotiation and the Beeches story clearly identifies some of the barriers to change as well as the catalysts for progress .