“Person-centred care is led by learning disability nurses”

No one who watched the Panorama documentary on the Winterbourne care home for people with learning disabilities could have felt anything but extreme distress and anger. It showed how care can turn into abuse when a values-based approach, an open, positive culture and effective leadership are absent.

Undercover Abuse was an excellent documentary. It led to the home closing and stimulated a much-needed debate on learning disability services and learning disability nursing. It saddens me that it takes such events to achieve this focus.

It often seems learning disability nurses are the forgotten relatives of the nursing world. If mental health is the Cinderella service, what does this make learning disability services – the ugly sister?

Learning disability nurses have led the way in developing person-centred care, working across sectors and in partnership, and supporting service users throughout care pathways. Without these pioneers, the profession would have been much slower to develop holistic care.

As director of nursing and operations at the only foundation trust for people with learning disabilities, I know there are many positive practices in our secure and community services.

The trust is in the middle of a project to establish care pathways that are as person-centred as possible. This will encourage implementing the most effective models of care to meet individual needs, with the aims of reducing length of stay, supporting transitions to community services and improving client outcomes.

Service user involvement has been crucial at every stage to ensure care pathways are meaningful and meet needs. Engagement of staff in all disciplines has been sought. What is pleasing is the excitement, ownership and leadership from nursing teams to take this work forward.

We are also using the project to shape our learning and workforce strategy to ensure staff have the right skills and knowledge at every stage of the pathway.

For example, an advanced practitioner and her team, who specialise in autism, carry complex caseloads and are working to support and role-model best practice to multidisciplinary teams. Clients with autism have complex needs, particularly when faced with the legal and criminal justice system. Advanced practitioners have developed expertise in delivering care within a clear human rights framework.

Another innovation has been using advanced practitioners’ clinical skills to support inpatients’ physical health.

Within our community teams, nurses enable people with complex disabilities to live meaningful lives in the community.

I am encouraged by initiatives both at Calderstones and across the UK. Nurses continue to lead the way with their expertise in person-centred care underpinned by a human rights approach.

The UK framework for learning disability nursing will provide a fantastic opportunity to raise the profile of this area and improve practice and leadership.

People with learning disabilities have a whole branch of nursing dedicated to them, so you might think their needs are catered for. Yet, when physically ill, they are often cared for by nurses with little or no experience in this field.

Some trusts employ learning disabilities or link nurses on wards. Yet such support is not always available when people with learning disabilities are admitted.

Our review on page 12 looks at how nurses can ensure decisions are made in these patients’ best interests, while our innovation article reports on how community learning disability nurses improved staff skills and confidence in caring for this group (page 16).

This kind of work can help to reduce the stress these patients feel when admitted to hospital – a situation most people find stressful without the additional difficulties of having learning disabilities.

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