

“When I started working at Ravensdale in April 2014 I swiftly identified problems with service user involvement and general support for service users from external parties, particularly where relatives or friends etc. were not proactive in providing feedback. Advocacy had already been commissioned for the service, however I did not feel at the time that this had much of an effect.

After meeting together, we began by agreeing that an opt-out system for advocacy attendance at reviews would be a good starting point. After writing to all service users or their representatives we found that most people were happy for advocacy to attend their care reviews. This resulted in an immediate improvement in the planning of reviews and ensured that for most people there was an independent voice to support them with their care. Our advocate has also been proactive in following up actions from care reviews with relevant staff and ensuring the service users requests or plans are implemented effectively.

Initially there was some resistance from nurses at having another party so involved, as this was not a process they were used to. However, over time the staff have built up a relationship with the advocate who has been able to provide advice and support for staff from a service users’ perspective.

In addition to the improvement in people’s general care, our advocate has also been pivotal in resolving issues with other parties outside the service. One example of this was addressing a difficult the home was having with a service users’ relative who had control of their son’s finances but we were finding it hard to gain funds for necessary equipment. Once the advocate became involved, this was swiftly resolved and also enabled the nurses to maintain a more friendly relationship with the service users’ relative whilst addressing a contentious issue.

In one instance, a service users’ relative had attempted to remove the service users’ property from the service following the persons death. This was not in accordance with the service users’ wishes and with support from our advocate we were able to prevent this happening. I honestly believe that without the advocate’s involvement staff would not have felt sufficiently confident in preventing this situation.

Our advocate was also heavily involved when the home had difficult with a particular service user who was admitted to a local Psychiatric Unit. Concerns were raised about the care on the ward, however the home did not have the authority to intervene and eventually were left out of the process. Having our advocate involved in this case meant that we were reassured the service users’ best interests were being consistently addressed. Our advocate was also instrumental in having this same service users’ financial issues addressed when the home and the service users’ relative were having difficulty with having his financial appointee changed.

On one occasions our advocate was able to assist the nursing team to develop a process for monitoring a particular service user who had incidences of bruising which were unexplained. Following the implementation of advice we were able to demonstrate that nothing untoward had or was occurring.

Another major development through the use of advocacy has been in addressing service users’ and/or their relatives preferences for End of Life care. The home had significant difficulty engaging people in having these discussions, but with sensitive input from our advocate the majority of service users have now had this particularly difficult conversation and are more prepared should the worst happen. It was hugely beneficial to have our advocate explaining the benefits of these discussions, resulting in much more engagement from all parties.

Overall, from a management perspective I am much more confident that my staff are working in the best interests of the service users at all times. As well as our own processes, having regular feedback and support from an independent party is invaluable and has allowed us to improve the service dramatically. I would recommend the implementation of both instructed and non-instructed advocacy to provide service users with that added level of support and improve their confidence in addressing any issues they may have.”

**Mark Henry**  
**Home Manager, Ravensdale**

## Testimonial One: Helping a Parent

"The advocate supported a resident in getting money from his dad (appointee). The resident was unable to go out or have appropriate clothing. The advocate contacted the resident's dad and relevant people involved in his care. This helped the resident's dad understand that the money he had taken legal responsibility for was to help fulfill his son's needs."

## Testimonial Two: Releasing Money

"A lump sum of money was being held back from the funding council for a resident. The care home couldn't get involved. The advocate contacted the council and his uncle who was funding his daily needs. The advocate supported the resident and uncle in this long and lengthy process. After a number of telephone conversations and meetings, the council acknowledged this mistake."

## Testimonial Three: After Death

"Following FG's death, his brother who hadn't been involved in this care for a number of years arrived at the care home. He attempted to remove his belongings and possessions from his bedroom, the advocate assisted the nurse manager in preventing the removal of his belongings. The advocate contacted the duty social worker, who advised her that his belongings shouldn't be removed.

"The advocate informed the family and staff at the care home. As a result of the conversation with the duty social worker, the advocate supported carrying out the wishes regarding his will. This helped to ensure that the deceased residents' wishes were taken into consideration before and after his death."

## Testimonial Four: Speaking Another Language

"A Spanish-speaking resident had difficulty understanding. This prevented him from being involved in his care and future planning. The advocate explained to the care home that an interpreter might be able to help us and the resident. As a result, the advocate helped voice the residents' end of life wishes. His wish is for his body to be taken back to Spain."

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