Richmond House – Model of Care

Responsible Clinician: **Dr Jawarange**

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Introduction and Philosophy of Ward:

"Our philosophy is to safely care for and rehabilitate women with learning disabilities and clinically relevant behaviours that communicate distress. Our practice is evidence based and uses Positive Behaviour Support and coaching in emotional regulation and interpersonal skills to provide more fulfilling lives for our service users and to help them develop the skills to safely and securely re-integrate in to the community".

Our mission statement is to introduce optimism into people's lives. We stabilise mental wellbeing and reduce clinically significant behaviours that communicate distress to allow service users to achieve the optimum level of functioning with the aim to integrate into the community.

Our goal is to safely care for our service users by offering individualised high quality intensive support, to help not only address problem behaviours, but also to build on strengths. In order to achieve this we work with service users, families and professional and social networks to help develop an understanding of and formulation about our service users including their strengths, presenting problems and mental health needs.

We take a holistic approach recognising that many of our service users difficulties may have been exacerbated by previously unrecognised diagnoses (particularly ASC and complex PTSD) and the impact of institutional environmental factors upon their functioning. The therapeutic milieu is informed by a positive behaviour support (PBS) approach and is designed to support the development of therapeutic optimism. This is especially important for service users who have experienced long-term care or multiple placements.

This involves a highly specialist multi-disciplinary team (MDT) approach to caring for our service users. Service users are able to access prescribed medication to assist with their treatment and this is regularly reviewed to ensure appropriateness. We offer individual and group based psychological interventions to help service users develop emotional resilience and to address offending behaviour, self-harm, substance misuse, relationship difficulties or other clinically relevant behaviours that communicate distress.

The main mechanism through which this is achieved is through Julie Brown's Skills System. This is a form of adapted DBT, which teaches service users skills for emotional management, interpersonal skills and problem solving. Treatment is offered within a group setting and on an individualised skills coaching basis.

The programme is particularly helpful for service users who have struggled with the cognitive intensity of previous interventions because of learning disability, anxiety, ASC traits or mental health status. The programme is delivered on a rolling basis meaning that service users can join the group at any time and current issues and difficulties can be discussed.

Our Art Therapist offers regular service user-led group sessions, which allow service users to discuss issues they want to raise within a mutually supported environment. Sessions are deliberately designed to provide service users with a relaxed yet secure environment to enable them to raise issues of concern, practice interpersonal skills or simply have fun. Sessions utilise a range of mediums to facilitate this including music, dance, song, knitting, painting and sewing. Emphasis is placed on supporting service users to develop strategies that they can use independently (such as crafting) in order to self-sooth. Service users can also be supported by individualised 1:1 Art Therapy sessions as appropriate. This particularly useful for service users that require support to address issues that they find difficult to verbalise.

We also facilitate Animal Assisted Interventions. This is a treatment strategy we have found particularly useful with our service users who demonstrate ASD traits. Treatment goals for this intervention will vary according to each service user but includes improved mindfulness, distress tolerance, relationship skills and impulse management.

In order to encourage greater autonomy, our Occupational Therapy (OT) department works in collaboration with service users, Nursing and other members of the MDT (such as education and SALT therapists) to create an individualised menu of meaningful activities, which support personal goals and recovery principles. This entails a biopsychosocial needs assessment, which will include aspects such as physical health, community and social inclusion, embedding skills, enhancing mental wellbeing and exploring cultural and spiritual preferences.

We have a number of dedicated spaces that we can use

for therapy within our setting. Group meetings often take place in the lounge but we also have a dedicated quiet room (where our calm down box is located filled with sensory items for service users to borrow). This is a space easily accessible within the house so service users can self-locate there should they feel the need or staff can help service users settle as part of a talk down initiative. In addition, we have a lovely garden therapy room for talk time, 1:1 therapy sessions away from the house environment.

Education is available to our service users and can focus on service user needs and requests, e.g. developing money skills and budgeting while in the community. All service users can take part in initial and diagnostic educational assessments in Literacy and Numeracy to identify current skills and areas for future development; this provides information across the MDT so that the service users we work with are working at the correct level, individually.

We offer our service users the opportunity to work towards gaining accredited qualifications while with us, this is with the awarding and national recognised body- OCR (Oxford and Cambridge Royal Society of Arts).

Speech and Language therapy is available to service users, assessments take place to identify current needs and formulations are then implemented in the form of 'Communication Passports'. Group work is provided to focus on social interactions and modelling of appropriate behaviours is emphasised.

Service user Involvement

Service users are encouraged to be involved at all stages of the treatment pathway. On admission, service users are supported to collaborate with their MDT teams on treatment plans, Positive Behaviour Support (PBS), activity planning and risk reduction plans. Service users have regular monthly meetings during which they are asked for their views on their progress and their monthly goals and requests. Service users are actively involved in setting their treatment goals and developing realistic plans for community integration.

Service users are actively involved in welcoming new staff and service users to the setting though providing inductions to the house, the town and the treatment programmes. As part of our introduction to the ward, we also facilitate "getting to know you" sessions so that service users and staff can learn non-personal information about each other through engaging, non-pressured activities such as "interest bingo" and "hobby lotto".

Service users take an active lead in supporting new staff and service users to become familiar with group therapy. Service users also lead the organisation of farewell parties for staff and service users enabling them to mark the departure of others in a way that is meaningful for them.

Occupational Therapy manage the process of facilitating daily mutual help meetings and weekly community meetings with all residents. They also support Service user Representatives to attend formal meetings to give them a clear voice in the development of positive change to the hospital. Service user Representatives are nominated and elected by other service users and take part in monthly meetings across the site such as Clinical Governance, Reducing Restrictive Practice, and Physical Health and Engagement.

Ward round meetings are held on a regular weekly basis where every day concerns can be discussed.

Service users are involved in the recruitment process for new staff and therapists, developing interview questions where appropriate.

Carer Involvement

As a service, we recognise the importance of strong Carer involvement and this is encouraged throughout the service users journey. All people within a service users network are invited to CPA reviews held every six months. Carers are encouraged to have input into the PBS and care plans and give their views on the service users progress. MDT members can provide regular updates to carers on individual service users progress, provided the service users consent to this. Regular surveys are conducted to obtain the views of careers on how the service can be improved. Families and Carers are kept informed of Richmond news through our closed Facebook group and through regular service user produced newsletters.

Where service users would benefit from additional support there is a 'befriender' scheme available to help provide external social support.

Referral/Admission Process

We accept referrals from NHS Clinical Commissioning Groups. These referrals are usually made by the service users care co-ordinator.

All referrals must adhere to the following admission criteria:

A) Be over the age of 18 years at the time of admission (no upper limit)

B) Have a primary diagnosis of learning disability, Disorder of Intellectual Development other neurodevelopmental or disorder (e.g. ASD)

C) Have been sectioned under the Mental Health Act 1983 as amended in 2007

D) Present with abnormally aggressive behaviour or seriously irresponsible conduct (e.g. significant self-harm, serious violence, fire-setting, sexual offending, but this is not an exhaustive list).

Once a referral is made, the MDT will review the referral information and where possible will have a meeting with the referring service and the service user to determine

if the referral is suitable. A pre-admission report is completed and discussed with the MDT to decide if and when the service user can be admitted.

Clinical Model – Clinically Effective Treatment Approaches and Core Interventions Used- Evidence Base:

Our clinical model is predicated upon a recovery-orientated approach which understands the role of individualised treatment planning, the importance of developing therapeutic alliances, the need for active service user participation in treatment decision making. Our approach to supporting service users develop autonomy is underpinned by the concept of Therapeutic (or positive) risk-taking. This is recognised as an important approach to supporting patients towards recovery (Morgan 2007, Felton et al, 2018).

Throughout the time at Richmond House, there is an emphasis on Rehabilitation and Life Skills including developing an individual's strengths to support self-management. Interventions are delivered via the therapeutic milieu of the house environment, driven by the MDT in collaboration with service users. This can involve all areas of education, skills acquisition and occupational or vocational rehabilitation, psychological interventions, developing links with family and the community. Specific sensory assessments are conducted when areas of impairment are identified.

All identified physical health care conditions are treated with input from Primary Care providers – our contracted GP Services. Referrals are made to secondary care as appropriate. The focus is on tackling obesity, improving physical activity, sexual health, medicine optimisation, dental and oral health and smoking cessation.

Many of our service users have previously had difficulty engaging in primary care services and require extra support to enable them to develop this life skill. Our central location within a market town and within walking distance to our local GP and dental practice is particularly helpful in helping service users reduce their anxiety in relation to engaging in such interventions through gradual community exposure.

Effective MDT Working – Make-up of MDT/MDT Working Practices & Support Structures:

The MDT consists of a consultant psychiatrist, hospital director, ward manager, qualified psychologist, assistant psychologist, occupational therapist, nursing and health care worker, with access to a Teacher, Speech and Language Therapist and an Art Therapist. The MDT are regularly present in the house and are a familiar presence to both staff and service users. We meet formally for monthly for Ward rounds. In addition, there are monthly Clinical Governance and six monthly Care Programme Approach (CPA) cycles.

Outcome Measures:

We deploy a battery of outcome measures including:

- **Psychometrics including emotional, interpersonal and capability assessments (e.g. HoNOS-LD, HCR-20v3, WAIS-IV, MOCA, ACE-III, CAMDEX-DS)**
- **OT assessments (e.g. MOHOST)**
- **Functional Skills and Ability assessments (e.g. ABAS-3)**
- **Incident data – via Datix**
- **Length of stay**
- **Complaints monitoring**
- **Service user & Carer satisfaction surveys**

Care Pathway – Indicators of readiness to move on/Key working relationships:

Typically, our service users move from our service into supported living in the community or return to living with family. We work closely with service users, family members and care co-ordinators to support the development of the most suitable community care plan.

We maintain close links with Care Co-ordinators, Commissioners and Local Authorities keeping them informed about service user progress informally and through formal meetings such as CPAs. In order to support this, regular reports are written by all members of the MDT summarising the progress made and future needs (within hospital and within the community as appropriate).

Our Art Therapist is also able to work with individuals within the community, where considered appropriate, in order to support consistency of therapy during a period of transition and support continued transfer of skills to within a new setting.

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