

Meet the Team



Jill Langhorne

Registered Manager

Jill spent several years working for Northants County Council Learning Disability services, initially as a relief carer at a day centre then working for another five years as a full time carer. She then moved to a supervisory position working with carers in the community before moving to PiC at Grafton Manor as a senior rehabilitation assistant. After two years Jill was promoted to programme co-ordinator and in 2009 moved across to take up the role of Manager at Grafton House. Grafton House and 51 The Drive are community houses within easy access of Northampton town centre and offer support to service users to maximise their independence within a safe environment and with the support of experienced staff. Jill has a Combined Honors Degree, NVQ in level 2 and 3 and is presently working towards NVQ 4 in relation to care home management.



Lisa Bartlett

Business Development Manager

Lisa has been working as a nurse for people with a learning disability since 1986. She has a breadth and depth of experience, knowledge and skills which include service management, the care and management of people with learning disabilities and mental health needs, challenging behaviour, health promotion, management and promotion of continence and use of CPA during 19 years of service within the NHS as a Community Nurse Specialist. Lisa now works as the facilitator of respectful and timely admissions to the LDS Essex service and BI services in Essex and Northampton as part of the Partnerships in Care Group and as a positive promoter of services for commissioners and purchasers.



Samantha Coburn

Executive PA and Marketing Co-ordinator

Samantha Coburn joined PiC in November 2006 as a PA to the Unit Manager at Elm Park before her interest in marketing and events management for BIS meant she was promoted Executive PA and Marketing Co-ordinator in April 2008. Samantha juggles her work as PA to Christina Walsh, Regional Director and Elm Park Unit Manager Steve Hockaday with co-ordinating all marketing and events. Samantha's background is in television production with a degree in Documentary making and Broadcasting. After relocating from London, Samantha joined PiC from the BBC where she worked for 8 years as a Production Co-ordinator in the Documentary department co-ordinating films shoots around the world on factual programming including amongst others Imagine, Child of Our Time and Animal Hospital.

Welcome to 'Brainwaves'

a regular newsletter to highlight news about brain injuries and the specialist rehabilitation provided by Brain Injury Services (BIS)

Featuring:
25 Years of Clinical Excellence at Grafton Manor

The Brain Injury Services Essex team raises money for Headway Essex

For the second year running the Brain Injury Team has taken part in the Headway Dogathon, the annual sponsored dog walk raising money for Headway. The team managed to raise over £150.

Why not get involved in one of the many Headway Essex fundraising events? Brain Injury Services will be sponsoring the

champagne reception at the Masquerade Ball in November. Tickets are still available. Alternatively you can take part in the Coastal Dogathon in September, Hats for Headway in October, a 1940's dance or a Festive Wine tasting evening in December.

To find out more contact fundraising@headwayessex.org.uk or call 01206 547616

Conferences 2010

Sexuality Seminar

Tuesday 14th September at Oaktree Manor
Contact Samantha Coburn on 01255 871 017 for your place on this complimentary seminar

25 years of Brain Injury Services

Monday 29th November at Grafton Manor
Contact Samantha Coburn on 01255 871 017 for your place on this complimentary seminar

JSP - The Engagement Ring, positive relationships in Brain Injury Working

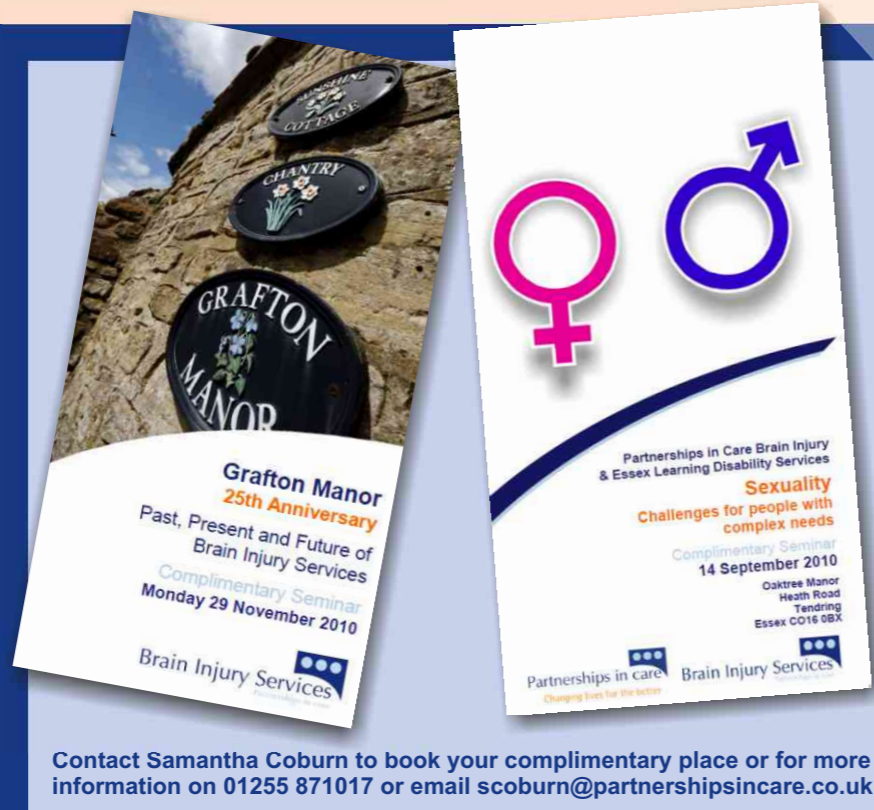
20th October 2010 St James Park, Newcastle
Contact Lorna White 0114 250 7711

UKABIF Conference

11th November, Russell Hotel, London
Contact Chloe Hayward 01752 601 318

Headfirst Conference 2011

'The long term view, the realities after settlement'
12th May 2011, British Medical Association London
Contact Jason Shelley 020 8763 2963



Contact Samantha Coburn to book your complimentary place or for more information on 01255 871017 or email scoburn@partnershipsincare.co.uk



Brain Injury Services
Partnerships in care

Contact details

We have a new centralised system for referrals at BIS as follows:

New Referrals telephone number:
0800 197 2960 (Lisa Bartlett)

Email:
BIS Essex:
elmpark@partnershipsincare.co.uk

BIS Northants:
graftonmanor@partnershipsincare.co.uk

Website:
www.partnershipsincare.co.uk/bis

Brain Injury Services
Partnerships in care

Brain Injury Services provides bespoke training services.
To find out more contact
scoburn@partnershipsincare.co.uk

BRAINWAVES

NEWSLETTER

AUTUMN 2010

25 Years of

Clinical Excellence at Grafton Manor

We are delighted to be celebrating 25 years of highly specialised service provision at Grafton Manor, for people requiring neuro-behavioural rehabilitation following traumatic or acquired brain injury.

Grafton Manor offers 16 rehabilitation beds, situated in a listed building, set in 6 acres of grounds in Northamptonshire. Progressive independence is provided in a range of accommodation, from private rooms with en-suite facilities, through to a Bedsit, self contained flat and cottage within the grounds. For those requiring on-going specialist care within a more homely environment five further beds are available in The Chantry, within the Manor grounds.

Our care pathway can be extended to our community living options provided in two three bedded houses in the suburbs of Northampton town, with full access to local amenities.

An experienced inter-disciplinary team of specialists provide on-going assessment, goal planning and therapeutic interventions. Rehabilitation is facilitated through a structured on-going daily programme, which engages the residents in purposeful activity relevant to their individual needs. This focuses on promoting learning and consolidating skills acquired to maximise their potential for further independence.

The inter-disciplinary team includes:

Consultant Neuropsychiatrist
Medical Officer
Psychologist and Psychology Assistant
Occupational Therapist
Speech and Language Therapist
Physiotherapist
Clinical Manager
Nursing team incorporating RMN, RNLD and RGNs
Rehabilitation and Community Support Assistants

During their stay at Grafton Manor each resident will have their own rehabilitation programme aimed at helping individuals to reach their optimum level of skill and ability. Programmes are individually designed for each person's specific needs and may comprise one or a combination of the following:

- **Risk Management, including:**
 - Behaviour analysis
 - Environmental risk analysis (variable settings)
 - Controlled exposure or withdrawal of structured support to work towards independence
 - Assessment of future accommodation and environment to enable safe and sustainable discharge

• Behaviour programmes, including:

- Behaviour modification programmes
- Incentive programmes
- Recording and evaluation
- Targeted behaviour programmes

• Medical interventions, including:

- Therapeutic use of medication
- Weekly review of the efficacy of medication
- Physical health assessment and treatment

• Nursing provision, including:

- Management of enduring health problems
- Individualised care planning and risk assessments
- Named Nurse system
- Collaboration with all other relevant health care professionals

• Cognitive re-training, including:

- Memory
- Orientation
- Attention
- Problem solving
- Executive skills
- Cognitive communication skills

• Functional skills, including:

- Activities of daily living
- Interpersonal/social skills
- Life skills
- Community independence
- Vocational skills
- Aids and adaptations



Residents to celebrate 25 years of Grafton Manor

A garden party is being planned to take place on 30th September to celebrate 25 years of Brain Injury Services at Grafton Manor.

Residents, staff and invited guests will be offered refreshments, music and entertainment.



Brain Injury Rehabilitation: Pursuit Of Excellence Across 25 Years

When we started delivering a rehabilitation service for survivors of acquired brain injury 25 years ago, we were very clear about what we wanted to achieve. Our vision was to mobilise the potential of our patients to attain the maximum level of independence and quality of life that is possible for them to achieve. We did not however have the rich knowledge-base, the comprehensive theoretical frameworks, the sophisticated tools and the depth of experience with which to design a structured and systematic strategy that would enable us to translate fully our vision into reality.

The last 25 years have seen an exponential growth in research and theory in brain injury rehabilitation. This growth hugely enriched our knowledge base and practice capability and brought about key developments in the process, scope and structure of our service offering to our patients.

In terms of process, we have evolved our multi-disciplinary working from generating **additive, piecemeal** discipline-specific input to designing and delivering a coherent treatment and rehabilitation strategy that addresses the multiple facets of functional competence in a single joined-up intervention package. The team gets together and designs an individual-specific structured and comprehensive rehabilitation package that precisely addresses the needs of the individual patient.

The scope of our rehabilitation services has widened since their inception. We now not only aim to achieve optimal functional recovery in our patients, but also to enhance their **adaptive capability** by retrieving the **person behind his injury** and by involving, educating supporting and treating the **family**. We have moved on from the single approach of Behaviour Modification to a holistic model that encompasses the cognitive, functional, emotional, social and familial consequences of brain injury. We target therefore a greater number of domains and consequently work to a greater number of goals.

We have further developed the quality and evidence base of our goal-setting, assessment and progress evaluation so as to be equal to the increased challenges of rehabilitation that we have set ourselves.

My Experience

From the age of ten my husband Mark has always wanted to emulate his hero, motorcycling world champion Barry Sheene. We never imagined following that boyhood dream would end in such a cruel way.

"In March 2009 we were entering our third season of racing and at the start of his second race of the year two bikes collided with Mark. I saw the accident happen, watched him be tossed in the air like a rag doll and knew the outcome wouldn't be good. We were lucky the accident happened on track; doctors were with Mark within 30 seconds to start treatment. Without this and the subsequent air lift to the Royal London Hospital, one of the country's leading trauma units, he would have died.

The first three months passed by in a blur. From early on I knew the physical injuries, which included a severely damaged left leg, broken ribs and punctured lungs would be difficult to contend with but they were more 'normal' injuries. The head injury was a totally different story. From those first few days in London and subsequent weeks in our local hospital in Peterborough I was told that Mark's best chance would be to get into a Rehab Unit. I'd no experience of anything like this and found my first visit to Grafton Manor terrifying. It wasn't somewhere I wanted my Mark to have to live but knew he couldn't stay in a hospital ward, that wouldn't get him well.

Those first few days and weeks living at the Manor were more awful for me than Mark. I promised that I wouldn't leave Mark for more than one day by himself and fell into a routine of visiting both weekend days and twice in the week. The 100-mile round trip on top of working full-time proved tiring, and crying for the whole journey home from the Manor isn't necessarily the safest thing to do; but sometimes it's been the only way I've been able to deal with it.

Staff at the Manor have been welcoming when I visit, offering regular cups of tea and a kindly ear if needed. Communication is the key and striking up a good relationship with Karen, the physio, has helped immensely. Mark's responded well to the programme at the Manor and each week he's gone from strength to strength. Along with the staff at the Manor the support of family and close friends has played a major part in Mark's recovery; without them I don't think either of us would be in the positive position we are today. To keep me occupied and give something back, I've thrown myself into raising funds for London's Air Ambulance, so far with a lot of help I've raised nearly £9,000.

Our goal setting is informed by our detailed assessments that now have the capability to determine the extent and severity of the consequences of the injury, to predict the level of likely recovery, to estimate available potential and to identify the treatment and rehabilitation framework that is the most suitable for the patient. Since our overarching objective is to return the patient to his own preferred and most appropriate context, we now involve him and his family closely in goal setting.

Our therapy and rehabilitation capital has also grown in the last 25 years. Our understanding of what happens to the **'person behind the injury'** is continually and immeasurably enriched by key therapy frameworks that we thought were beyond applicability to the field of brain injury.

These include **Cognitive Behaviour Therapy, Relational Neurobehavioural Therapy, Motivational Interviewing, systemic interventions** for families and couples, and Prochaska' and Di Clemente's **Staged Change Model**.

We have made significant strides in progress evaluation. We now evaluate outcome not only with repeat **neuropsychological assessments** but also with measures such as **HoNOS and Recovery Star**, as well as **functional behaviour analyses and scored performance comparisons** on Cognitive Rehabilitation and Self-Repair programmes. We therefore produce an integrated multi-dimensional outcome profile of our patients that charts their progress across time and, above all, that is meaningful to them and to their families.

What then is the verdict? Have we arrived? The answer is an unswerving No. We are still traveling and have a very long way to go. Our focus is the continuous improvement of our services and there are new research findings, new methods, new theories and new ideas that challenge us continuously. We therefore remain in hot pursuit of excellence.

What we can say, however, is that whilst the last 25 years have not altered our core beliefs about the aims of our practice in brain injury rehabilitation, they have significantly improved the content, structure and delivery of our service to survivors of brain injury.

by **Leylá Ziyal**

M Phil AFBPsS C Psychol

Chartered Consultant Clinical Neuropsychologist

Mark and I are learning that recovering from a head injury takes time, an incomprehensible amount of time, and while this time is passing life continues around you. This experience has not only changed Mark, it's changed me too. Some of my friends have said it's for the better because I don't get so easily wound up about trivial day-to-day matters. I'm writing this a year to the day since Mark moved to the Manor and it's been a difficult year. We're lucky though. Mark now spends every weekend at home, we've had a couple of short breaks away and yesterday he started a course in Birmingham that is the first step for him to get back to work. He's also more like his old self with his dry sense of humour and loving ways shining through.

Early on the road to recovery I read that 70% of marriages and relationships fail after an injury like Mark's, but I was determined that wasn't going to be us. Mark's not just my husband, he's my best mate, and for a while I thought I'd lost him. I haven't though, as neither he nor I would let that happen. We're two very fortunate people and the love we share, the strength of our relationship and the support we've been getting is pulling us through. We've still got a lot of work to do but we'll get there."

by **Alison**

We are pleased to announce that Mark was discharged from Grafton Manor on Friday 13th August 2010 to go home to his wife Alison. When Mark came to Grafton Manor he unable to walk, required intensive personal care, was peg fed, his memory was extremely poor and he was often confused. After intensive rehabilitation from the Brain Injury Team, Mark can now walk, use public transport, manage his own medication, no longer requires help with his personal care and is hoping to go back to work very shortly. The team at Brain Injury Services wish Mark and Alison all the very best for the future.