

Enabling and supporting recovery

For patients who suffer from severe mental illness,
personality disorder, learning disability or brain injury

Mental illness

Personality disorder

Learning disability

Autistic spectrum disorder

Brain injury rehabilitation



Overview

Partnerships in Care (PiC) provides integrated assessment, treatment and rehabilitation for patients who suffer from a severe mental illness, personality disorder, learning disability or brain injury. Care is provided by experienced multidisciplinary teams based in medium secure, low secure and specialised rehabilitation units across the UK.

Through offering high quality care and treatment as well as care pathways, we are able to consistently achieve our aim of ensuring our patients move on to safe and appropriate community placements as soon as possible.

All PiC services use the recovery approach designed to empower patients by providing opportunity and hope through active rehabilitation programmes. PiC has a commitment to assess referrals within 48 hours. In an emergency we offer a rapid response service and can assess and admit a patient within 8 hours of referral.



Philosophy of care

We provide pathways of care utilising the recovery model for men and women with:

- Mental illness
- Personality disorder
- Co-morbid MI+PD
- Learning disability
- Autism spectrum disorder
- Brain injury rehabilitation

Our services support a holistic approach to patient care, taking into account their psychological, social and physical health needs. Our clinical teams seek to promote the recovery of our patients from the point of admission through to discharge and follow-up.

Upon admission, each patient's treatment or rehabilitation begins with a comprehensive multidisciplinary assessment of need from which a treatment plan will be developed.

Our patients' goals are achieved via the provision of evidence based care and treatment programmes within an environment which:

- supports each patient in developing meaningful structure to their life
- provides the degree of physical, procedural and relational security that he/she requires at each stage of treatment

As soon as possible after assessment, we share with commissioning teams and, as appropriate, other key stakeholders the likely duration of the patient's stay. Care pathway planning is encouraged at the earliest opportunity.

Once referred, PiC adopts a multidisciplinary team approach to the care of our patients

Our services

PiC accepts referrals of patients with a variety of complex mental health needs, the vast majority of whom are detained under the Mental Health Act.

Referrals originate from the NHS, other independent sector providers as well as the criminal justice system. In all cases, we liaise with the responsible commissioners from the point the referral is made and work closely with all to ensure that the initial assessment is carried out in a timely and professional manner.

Feedback, including the treatment proposal, is given to the appropriate person without delay.

Once referred, PiC adopts a multidisciplinary team approach to the care of our patients. This team typically consists of a consultant psychiatrist alongside nurses, social workers, psychologists and occupational therapists through whom a holistic approach to patient care is delivered.

An individual treatment plan focused on the Recovery Approach helps to facilitate the patient's pathway into rehabilitation. These plans are tailored to individual needs and involve the patient, their families (where appropriate) and referring clinical teams.

All our services use a treatment timeline framework where the patient, commissioner and other stakeholders can see the multidisciplinary inputs from pre-admission through to discharge.

An individual treatment plan helps facilitate the patient's pathway into rehabilitation

Mental illness

PiC offers specialist programmes for men and women with severe and enduring mental illness with or without associated substance misuse problems. There is a wide range of treatments provided. These therapies, both individual and group, are provided by trained and experienced members of the multidisciplinary teams. PiC recognises that women with mental health problems have very specific and individual needs, as a result of which PiC offers several facilities that specialise in the treatment and rehabilitation of women.

Personality disorder

Patients with personality disorder often present challenges for services in terms of risk and behavioural management. Substance misuse and cognitive difficulties are not uncommon and these are actively managed and treated within the personality disorder services offered by PiC.

Treatment programmes provide interventions that reduce the risk of harm to self and others, address offending behaviours, improve psychological functioning and quality of life within a framework of therapeutic optimism.

Co-morbid MI+PD

It is increasingly the case that there is a need for a service that can assess, treat and manage patients for whom the combination of mental illness and personality disorder present a therapeutic challenge.

We have developed considerable expertise in caring for this complex group of patients reducing the unnecessary hospital moves associated with co-morbid diagnoses.

Patients with co-morbid MI+PD pose different risks to other mental illness patients, and require a specific treatment approach. The vulnerabilities that we treat are often the same, and linked to both.

Learning disability

A number of our secure hospitals and specialised residential units provide high-quality care for men and women with learning disabilities. These units accept men and women with learning disabilities who may present with complex mental health problems, autistic spectrum disorder, Aspergers Syndrome, personality disorders and may have forensic histories. All patients admitted are detained under the Mental Health Act.

Our learning disability specialised residential services provide accommodation, care and support for people with moderate to severe learning disabilities who present with challenging behaviours. Residents require a higher degree of support than is available in standard residential services, but have the opportunity for appropriate involvement in the community.

Autism spectrum disorder

PiC provides specialist assessment, treatment and care for adults with an Autistic Spectrum Disorder (ASD) in a low secure environment.

All services are delivered in a low stimulus environment that encourages and respects patient choice and autonomy. They actively encourage the learning of life and social skills. All staff receive additional training that ensures that they understand the unique needs of each patient.

ASD is a lifelong neuro-developmental disorder. The interventions are offered based on individual need. They aim to address issues that both the diagnosis of ASD and any other co-morbid disorders such as depression or anxiety are having on the person's ability to live outside secure accommodation. Any interventions are based on a thorough, multidisciplinary assessment and their effectiveness is monitored through a process of observation and data collection.

Brain injury rehabilitation

PiC's brain injury services in Essex and Northamptonshire provide flexible programmes that are responsive to the individual needs of all our patients.

They offer highly specialised services for people with the complex physical, cognitive, functional and behavioural difficulties that often follow a brain injury. Our expert care includes the support of people with poorly controlled social behaviour. Hence, our focus is very much on achieving optimal social outcomes from our patient centred programmes.

Many patients we manage have survived traumatic or other acquired brain injuries, typically at the severest level of coma and organic damage. However, we also meet the rehabilitation and/or care needs of people with more moderate injuries, or other neurological conditions, where patients still need neuro-psychiatric and neuro-psychological interventions.

Our brain injury units are each supported by two small care homes in the local community. Our holistic approach to assessment, long term care and rehabilitation extends locally to provide full community rehabilitation and supported living.

Intensive Assessment and Treatment Service (IATS)

Whilst extended hospital care is appropriate for some mentally disordered offenders, for most the emphasis should be on assessment, stabilisation, ongoing treatment and a proper return to prison.

Our innovative IATS programmes are designed to ensure that commissioners are able to meet the needs of mentally disordered offenders in a timely and efficient fashion, with a predetermined and agreed cost framework. For further information on this please ask for a copy of our IATS brochure.

Our treatment programmes

These are wide ranging to suit the diverse patient groups that we treat. Areas of expertise include: anger management, violent offender work, substance misuse, trauma, coping skills (assertiveness, communication skills, anxiety management), cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), sex offending and fire setting programmes.

PiC is developing several cutting edge evidence based specific treatment programmes. Several PiC units have received the Centre of Excellence award for RAID. Relapse prevention is an integral part of the work delivered as part of the individual risk management programme.

Care programme approach

To ensure consistent, focused, individualised care, each patient is reviewed regularly using the Care Programme Approach (CPA). We encourage referring clinical teams, patients and advocates to attend these meetings, where we jointly review and plan the patient's care. In so doing, we are able to maximise the potential of the patient and all agencies to contribute to the care pathway, and seek to reduce the length of stay as far as is clinically appropriate.

At PiC, patients are encouraged to chair their own CPA meetings when they are ready to do so.

Working with Relatives and Carers

Every PiC hospital works hard to meet and exceed the essential standards of quality and safety that all patients and their relatives/carers should expect.

Our aim is to help empower patients to realise their full potential. The patient's future is considered from the point of referral through to discharge. Every patient will have their own treatment and recovery plan which will be developed with their input. Relatives and carers will, where appropriate and with the agreement of the patient be able to provide input into the patient's treatment and recovery plan. All clinical staff work hard to ensure the length of stay in our hospitals is kept to a minimum.

If you care for someone who you feel may need our expertise, or is perhaps already at a PiC hospital, you may find the Questions and Answers document on our website useful.

Case study – Matthew

Matthew is 36 and has been known to psychiatric services since he was 22; he has had 11 previous admissions to psychiatric hospital. He has a diagnosis of schizoaffective disorder complicated by substance abuse.

Since admission to Llanarth Court Matthew has attended all sessions available to him, including anxiety management, substance abuse sessions, individual psychology and primary nurse sessions. He was about 21 stone on admission, however, since his transfer to Llanarth he has been motivated to address his weight through diet, exercise and an agreed reduction of medication. He is now 15 stone.

Matthew is 'Mr Motivated' and feels that Llanarth Court is the best hospital he has ever been in. He has now addressed his previous antisocial behaviour, including past violence, through individual psychological sessions. He is positive that he can resist a return to his former way of life; he has built very good relationships with all of the staff at Llanarth Court. We look forward to helping Matthew feel even stronger about the future.



Our facilities

A fundamental premise of delivering high quality care is the provision of a safe therapeutic environment, which promotes privacy and dignity. Our units are of very high specification, maintained to meet the appropriate guidance and standards.

One of our strengths is our continued development of care pathways from medium through low secure and specialised rehabilitation/step-down. Local NHS services form part of an overall journey in which the cooperation between our teams and local services is essential.

Medium secure

Our medium secure services meet the expected standards and we have worked hard to ensure environments are both therapeutic and spacious. Patients may start their care pathway in one of our medium secure units if their condition requires this level of care and security.

Low secure

These services are suitable for patients who do not require management within conditions of medium security but who require care, treatment and supervision in a highly supervised and structured secure setting.

Specialised rehabilitation

The use of the Recovery Model is continued in our rehabilitation services which further develop the living skills, insight, education and confidence required for patients to attain their optimum level of functioning, which may include a return to the community. Many patients enter these services as part of a step-down along a care pathway out of secure care, though each rehabilitation facility admits directly from local hospitals or the community.

Patient benefits

- Equality of care**
 Our gender specific wards ensure all patients receive equality of treatment without prejudice to gender, sexual orientation, social, ethnic, cultural or religious background or disability. PiC is pleased to be an active member of the Department of Health's Delivering Race Equality (DRE) group.
- Aiming for treatment close to home**
 Through the number of services we offer around the UK, we are usually able to provide an ideal repatriation of patients close to their homes, along with a defined care pathway. Depending on the needs of the patient we will either offer a service within the region of choice, or in some circumstances agree with the commissioner to refer to a more distant specialist hospital, aiming to move the patient closer to their home communities as soon as their needs and



circumstances allow. We work closely with commissioners, local NHS trusts and PCTs to ensure a seamless service.

- Activity and recreation**
 Rehabilitation through activity constitutes an important part of the work of all our hospitals. Many of our units have large grounds, gymnasiums and/or swimming pools. Areas such as extensive occupational therapy facilities including art rooms, kitchens, class rooms, dance studios and health and beauty salons are also provided. All of our facilities are maintained to the highest standard through a clearly defined estates policy managed by experienced and qualified staff.
- Education and vocation**
 Individuals referred to our services often have specific learning needs or have not benefited fully from the education system. We aim to provide a range of educational opportunities from the remedial to higher education. We also encourage patients to take up work placements in the community when they are at a stage to do so.

Recovery and rehabilitation

For many men and women the transition to a service where they are responsible for the management of their lives is traumatic.

The Recovery Approach

PiC clinicians acknowledge the difficulties of change and have adopted the Recovery Approach to reduce the possibility of placement breakdown. The Recovery Star, developed by the Mental Health Providers Forum with Triangle Consulting is a fundamental part of this approach and features strongly in our clinical developments.

The Recovery Star acts as an effective keyworking tool designed to support individuals in understanding where they are in terms of recovery and realise the progress they are making. It provides both the patients and clinical staff with a shared language for discussing mental health and wellbeing.

Core dimensions of the Recovery Star

The Recovery Star identifies and measures ten core areas of life:

- Managing mental health
- Physical health & self-care
- Living skills
- Social networks
- Work
- Relationships
- Addictive behaviour
- Responsibilities
- Identity & self-esteem
- Trust & hope

The Recovery Star helps to identify any difficulties the individuals are experiencing in each of these areas and how far they are towards addressing them and moving on.

Encouraging empowerment

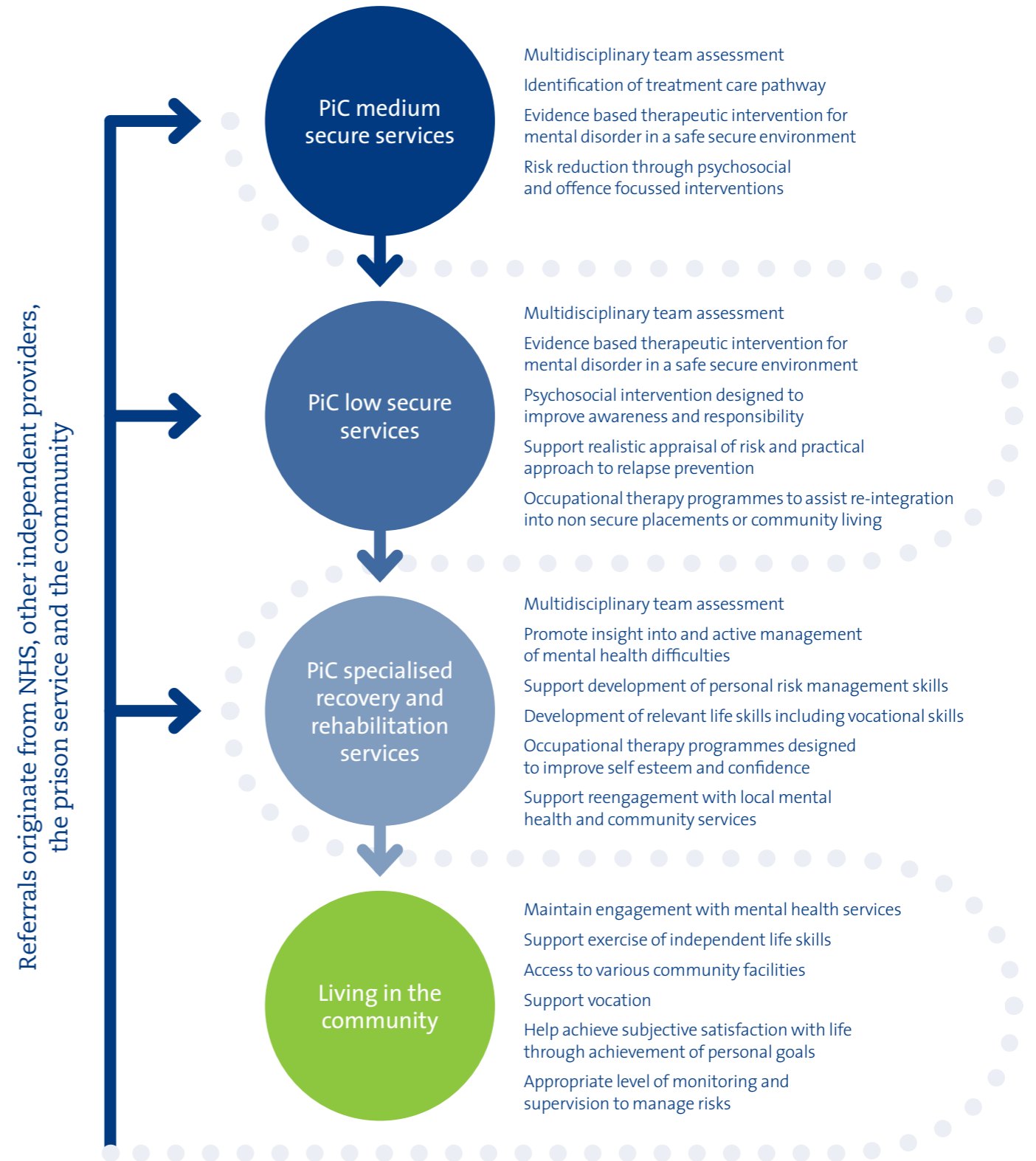
We encourage individuals to take increasing responsibility for their own mental health and ultimately their own decisions and goals in life.

Our specialised rehabilitation services encourage the empowerment an individual needs before returning to living and engaging fully in the community.

Care pathway

Patients can access PiC services at any stage of the pathway. They move through different levels of security when deemed appropriate by the multidisciplinary team as well as the commissioner/referrer.

PiC works alongside local mental health services to support patients through all stages of their recovery.



In the event of difficulties, readmissions to a PiC hospital can be smoothly arranged.



Our staff

PiC is proud to have invested in its own purpose built National Training Centre, which is located at our Arbury Court hospital in Warrington, Cheshire. The centre has developed a range of events, conferences and seminars for external and internal customers.

In 2011 several PiC hospitals were awarded the 'Centre of Excellence Award' for RAID®, by the Association of Psychological Therapies (APT). Building from this, the National Training Centre is an approved provider of APT courses.

We regularly review our staff training and our key priorities are:

- To further develop our mandatory training programme by making better use of technology
- To improve the career opportunities for our non-professional staff by offering the new range of Diplomas and Apprenticeship programmes
- Management of Violence and Aggression (MVA) training

MVA training at PiC

PiC provides recognised training in the safe and therapeutic management of violence and aggression (MVA). With over 15 years of specialist training provision in the management of violent incidents we facilitate and oversee recognised General Services Association (GSA)

tutor training. We are committed to disseminating and promoting best practice within this specialist field on a national and international level.

This is a specific area of our care for which PiC is viewed nationally as a centre of excellence. We regularly provide training across the UK, including the Isle of Wight and the Channel Islands. All facilitating tutors are GSA qualified.

Independent advocacy

All of our hospitals have independent advocacy services. The overall objective of the advocacy service is to enable patients to promote their opinions, through listening to, recording and reporting their views.

Case study – Elizabeth

Elizabeth, 20 years, was transferred to the medium secure women's service at Kneesworth House from another independent secure unit. Her offence involved weapons but was actually a suicide attempt in a public park under the influence of alcohol. She had been having serious mental health problems and alcohol abuse for at least a year before admission. Most assessments considered she had an emotionally unstable (borderline) personality disorder. Her engagement with community psychiatric services was erratic.

She presented with very challenging behaviours including self harm by ligature, cutting, insertion of objects under the skin and head banging. She also had depressive mood changes with acute suicidal impulses.

Nursing care was intensive for the first year of admission. Her behaviours slowly improved under the influence of behaviour modification and engagement with therapeutic activities and some medication. Close to 18 months after admission the multidisciplinary team put increased emphasis on her consistent engagement with sessions and activities, to which she responded well.

She was soon moved to our low secure ward and from this point onwards she showed better and more consistent motivation. Her self harm behaviours stopped and her mood remained stable. She steadily increased her community activities and began to spend time overnight with her family. Our social worker spent

much time dealing with complex family problems to facilitate her re-entry to the family.

It was agreed that Elizabeth was close to discharge and so a mental health tribunal made her an informal patient. She stayed with us until a community hostel was identified, her care eventually being handed back to the local NHS services.



Employee assistance – Care first

A more separate part of PiC's business is Care first employee assistance programmes.

Care first provides high quality resources for business managers to help them manage their teams, reduce conflict and solve people problems, all of which make a difference to the efficiency and success of the business they are in. In addition, by using our professional support services, the impact on the workplace of employees' personal and workrelated problems will be significantly reduced.

Care first offers a range of tailored solutions to help companies have:

- a motivated and productive workforce
- lower stress levels
- lower levels of sickness and absenteeism
- improved recruitment and retention
- compliance with health and safety legislation and your 'duty of care'

Care first can be particularly helpful during critical and traumatic incidents which can have severe, complex and significant effects on people. Timely, professional interventions in times of crisis will help to minimise the level of disruption an incident may have on your organisation and its performance.

For further information about Care first and who it works for, please visit www.care-first.co.uk

Feedback

“When our daughter was first admitted to Oaktree Manor she was in a very poor state, with multiple self-inflicted injuries and a medication cocktail that had even the experienced staff at Oaktree taken aback.

“We have been consistently impressed by the dedication and friendliness shown by Oaktree staff to our daughter. Even when her behaviour has been at its most challenging, the staff did not lose faith or confidence in her ability to come through these difficult patches. All the CPA meetings have been open, candid and supportive and we have welcomed the opportunities to express our own views and concerns as parents.”

From parents of a patient at Oaktree Manor



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Map of our services

North West

- 1 Kemple View
- 2 The Spinney
- 3 Arbury Court

Wales & The West

- 4 Abbey House
- 5 Aderyn
- 6 Llanarth Court

North East & Scotland

- 7 The Ayr clinic
- 8 Stockton Hall

Midlands

- 9 Hazelwood House
- 10 The Willows
- 11 Annesley House
- 12 Calverton Hill

Eastern

- 13 Kneesworth House
- 14 Lombard House and Richmond House
- 15 St John's House
- 16 Burston House

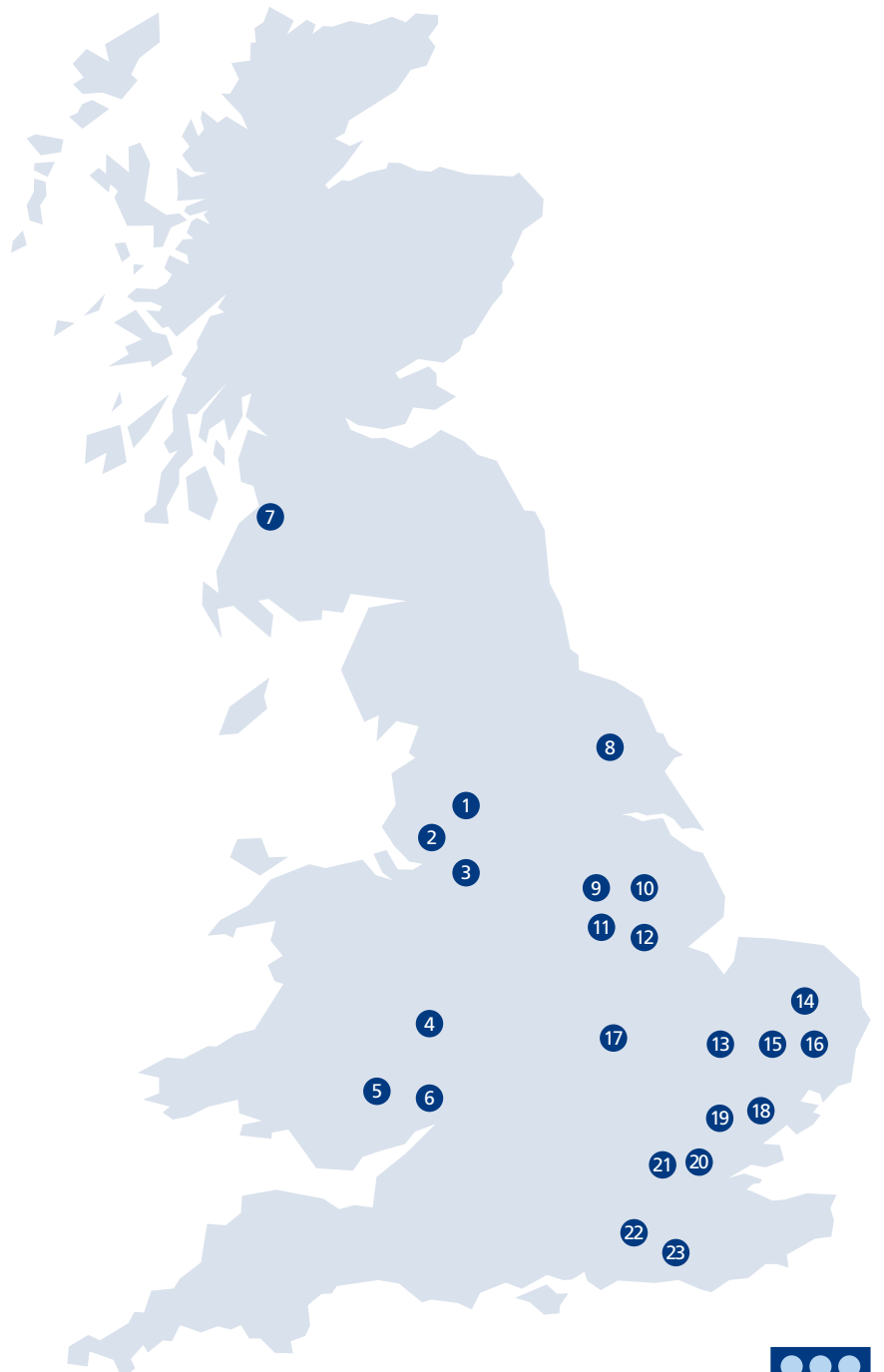
North Essex & Brain injury service

- 17 Grafton Manor
- 18 Oaktree Manor
- 19 Elm Park

London & South East

- 20 Suttons Manor
- 21 The North London Clinic
- 22 Pelham Woods
- 23 The Dene

- Mental illness
- Personality disorder
- Co-morbid MI+PD
- Learning disability
- Autistic spectrum disorder
- Brain injury rehabilitation



For a full range of PiC facilities and treatment programmes, please refer to our National Service Directory