Clinical therapies

Oaktree Manor,
Learning/Intellectual Disability Services Essex

a low secure hospital for men and women with a learning/intellectual disability

Oaktree Manor
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Essex
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Central referrals 0800 090 1356
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Where better comes together

The right combination

Partnerships in Care (PiC) is the largest independent provider of specialised, secure and step-down care across the UK with hospitals across many regions. With 30 years’ experience and expert teams, we help patients, residents and commissioners find the right care pathway and treatment for the best possible chance of a stable and safe life in the community.

PiC care pathways:

**Mental disorder**
We provide care for people with mental illness and/or personality disorder across medium secure, low secure, locked and open rehabilitation units, supported and community living, as well as emergency admissions in our acute, PICU and HDU services.

**Learning disability**
We care for people with a broad range of neurodevelopmental disorders including learning/intellectual disability, autism spectrum disorders and other conditions, across medium secure, low secure, locked and open rehabilitation, community and supported living.

**Acquired brain injury & progressive neurological conditions**
We care for people with acquired brain injury and progressive neurological conditions across locked, transitional and open rehabilitation, community living, respite care and stroke services.

**Child and Adolescent Mental Health Services**
We provide Tier 4 inpatient and residential services for young people with a range of needs, including secure, complex psychiatric disorders, learning disability or neurodevelopmental disorders, attachment difficulties, self-harming behaviours, and acute, severe or enduring eating disorders. Ofsted-approved education is provided for all young inpatients.

**Trauma and Addiction**
Safe and supportive residential and wellbeing outreach follow up treatments for people with alcohol or drug addictions and also for people who require treatment for post-traumatic stress.
The unit specialises in treating patients with severe challenging behaviour in a low secure setting.

The 47 bed hospital benefits from 7-8 bedded wards for patients with learning/intellectual disability.

**Patient profile**

- Male patients with learning/intellectual disability, with challenging behaviour and forensic history who may also have Autism Spectrum Disorder (ASD), Aspergers or Personality Disorder (PD)
- Female patients with learning/intellectual disability and/or personality disorder or sensory impairments and challenging behaviour who may also have ASD

**A partnership of people**

- Integration and skill acquisition
- Confidence, self-esteem and interests
- Community and family reintegration
- Real work opportunities
- Discharge planning
- Family/carers support and liaison
- Support with welfare, active citizenship and meaningful community engagement
- Liaison with external agencies
- Physical healthcare
- Boundaries, 1:1 and group work
- Meaningful engagement, therapeutic planning
- Assessments and discharge-oriented care planning
- Positive Behaviour Support (PBS) strategies

* CBT – cognitive behavioural therapy
DBT – dialectical behavioural therapy
CAT – cognitive analytic therapy
A full multidisciplinary team (MDT) provide assessment, intervention and evaluation of patients admitted. This includes the following programmes.

The ‘Skills System’ Emotional Regulation Programme

A psychology led programme for patients with a learning/intellectual disability who may be prone to self-harm or aggressive behaviour, as well as personality disorder and learning/intellectual disability. The group work helps patients understand their emotions, develop new emotion regulation skills and alternative behaviours. The ‘Skills System’ Programme works successfully through repetition of the programme with at least 4 cycles of the group work to encourage familiarisation, increase of understanding and practice of skills. Success is monitored through frequency and severity of overt acts of aggressive or self-harming behaviour.

The Skills System Group is run as a pre-group to the DBT Skills Training Group.

Adapted Sex Offending Treatment Programme (aSOTP)

The psychology department provide a group or individual based programme. The programme provides a comprehensive assessment taken place over a 12 week period and incorporates a risk management plan, intervention plan with proposed time scales and evaluation of success. ASOTP is offered on a 1:1 basis or in group workshops as appropriate. Group based interventions would include psychometric assessments before and after the group, in addition to a risk assessment report prepared on completion of the programme.

Positive Behaviour Support Programme

An adapted behavioural analysis of the person’s presenting behaviour and MDT formulation is completed, assessing proactive and reactive strategies to support the person will be provided. This will address individual, environmental and direct behavioural interventions to reduce the individual’s risk. The interventions will then be monitored and evaluated on a regular basis.

ASD Specific Programmes

A range of ASD specific programmes which are MDT led include the implementation of orientation boards, a sensory room with sensory groups and 1:1 sessions and individual daily planners to meet individual needs.

Fire-setting Treatment Programme (a FSTP)

The fire-setting programme is a treatment programme for male and female patients who intentionally set fire or who may post risk of intentional fire-setting. The main aim of the programme is to increase each patient’s understanding of the factor’s associated with their fire-setting, and enables them to develop appropriate strategies for managing their fire-setting.

Dialectical Behavioural Therapy (DBT) Programme

DBT has as its focus the teaching of emotional regulation through one-to-one therapy and group therapy. Four modules are taught during a cycle of DBT: Mindfulness, Emotional Regulation, Distress Tolerance and Interpersonal Skills. Each set of modules last nine months, at the end of which a new cycle of DBT teaching is started.
<table>
<thead>
<tr>
<th>Programme</th>
<th>Status</th>
<th>Led by</th>
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</thead>
<tbody>
<tr>
<td>Forensic History (offence specific work)</td>
<td>Ongoing</td>
<td>Psychology</td>
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<tr>
<td>The psychology department can also provide 1:1 sessions or group work to address specific offences such as drug misuse, arson etc. These programmes are tailored to meet individuals’ needs.</td>
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<tr>
<td>Individual Communication Programmes</td>
<td>Ongoing</td>
<td>Speech and Language</td>
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<tr>
<td>Led by the Speech and Language Therapist (SLT), patients with communication difficulties will receive an individual assessment followed by the implementation of the most suitable communication system which will then be used by all staff. This can include pictorial aids, communication boards, Makaton signing, writing etc. The SLT will then work with individuals who may require 1:1 speech and language therapy.</td>
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<tr>
<td>Psychiatrist Diagnostic Assessment</td>
<td>Ongoing assessment and review</td>
<td>Psychiatry</td>
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<tr>
<td>Using the International Classification of Diseases and Diagnostic and Statistical Manual no 5, the Psychiatrist will assess and confirm diagnosis of the patient. The assessment and review of treatment for the patient will be an on-going process until discharge.</td>
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<tr>
<td>Medication Programmes</td>
<td>Ongoing review</td>
<td>Psychiatry and MDT</td>
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<tr>
<td>In conjunction with the diagnosis assessment and mental capacity status, a medication programme is implemented by the Psychiatrist in collaboration with the MDT. There is an on-going process of review in conjunction with the MDT and alteration applied with the aim to reduce medication as much as possible and physical healthcare needs.</td>
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<tr>
<td>Occupational Therapy Programmes</td>
<td>Ongoing</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>An Occupational Therapy led series of groups and 1:1 sessions are carried out in the Oaktree Centre or on the ward incorporating arts and crafts therapies, educational programmes through ASDAN, real work opportunity programmes, group sessions to improve socialisation, cooking and health and well-being.</td>
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<tr>
<td>Consistent Health Promotion</td>
<td>Ongoing</td>
<td>Practice nurse, nursing and physiotherapy</td>
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<tr>
<td>Health promotion is a nursing and physiotherapy led programme aimed at teaching patients about healthy eating and exercise. Individual dietary requirements are met including diabetic or cardio prevention diets and individual exercise programmes are implemented.</td>
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A system centred on care outcomes

We want the best for our patients, so we place great importance on treatment outcomes. We have used our 30 years’ experience to develop a unique, multidisciplinary approach, centred on five care outcomes that contribute to a successful discharge and the best possible chance of a stable life in the community.

- Risk reduction
  - Behavioural management programmes
  - Positive safety planning and self-management
  - Offending reduction programmes
  - Clear and consistent boundary setting

- Relapse prevention
  - Management of co-morbid conditions
  - Emotional resilience development
  - Self-harm and suicide risk reduction
  - Medication and compliance programme

- Independent living skills
  - Meaningful activities to build self-confidence and personal responsibility
  - Personal and household skills
  - Life and work skills
  - Exercise and dietary reviews

- Vocational engagement
  - Access to flexible training
  - Real work opportunities and community placements
  - CV writing and interview preparation
  - Building positive networks outside the hospital

- Social inclusion
  - Social and communication skills
  - Problem solving and motivation
  - Working with carers and families
  - Positive and meaningful activities in the community
Outcome measures

The service routinely uses a number of risk outcome measures and approaches, such as:

- Short Term Assessment of Risk and Treatability (START)
- HCR-20
- SVR-20
- HoNos
- PCL-R
- Modified Overt Aggression Scales
- Sex Offender South East Collaborative- Intellectual Disability (SOTSEC-ID) model
- Length of hospital stay
- Progress is measured against personal goals set in the Care Programme Approach (CPA) treatment plans

Approaches used include:

- My Shared Pathway and delivered through the framework of the CPA
- Recovery model
- Life Star
  (The Life Star is a version of the family of Outcomes Star tool developed by Triangle Consulting - designed to be used as an integral component of keywork or support for individuals with learning/intellectual disability).
- Person-centered active support
- Positive Behaviour Support
- Recognising and responding to mental health problems
- DBT

“I have been involved in My Shared Pathway since it started and demonstrate the care pathway at My Shared Pathway meetings.”

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Empowerment and family support

Empowerment and emotional resilience
- Our recovery-focused therapy and activities empower patients to increase their emotional resilience and confidence levels, understand their feelings and manage personal relationships positively.
- Managing challenging behaviour and reducing the risk of relapse and self-harm is our first priority.
- We take great care of our patients' emotional health, addressing underlying psychological traumas such as attachment disorder, anxiety and low self-esteem.

Family support
- Our teams work closely with families and carers. Some of our patients are mothers whose children may have been taken into care and may need support to write letters and keep in contact.
- Where appropriate, we arrange family support, so women are able to rebuild and maintain relationships with the people in their lives outside of the hospital setting.
- We liaise closely with outside agencies, in order to offer the very best support to our patients, particularly during transfers from one service to another.

Real work opportunities and educational programmes

Real work opportunities aim to
- identify job-specific skills, strengths and experience
- develop job-acquisition skills
- take on an in-house real work opportunity
- give appraisals and reviews
- identify roles and employment opportunities outside the hospital setting

The Oaktree Centre is an on-site educational and recreational facility, located separately from the wards. It is an ASDAN (Award Scheme Development and Accreditation Network) centre where patients work through workbooks and participate in group workshops to facilitate them with skills they will need when they move on.

This includes educational workbooks such as Maths and English, social skills and personal effectiveness work books such as Independent Living, Communication, Community or Workright, a work book aimed at preparing patients to go to work or to carry out charity work.

The Oaktree Centre also provides a library, with one of the patients as the librarian, as well as therapeutic workshops, offering the opportunity to participate in social activities, learn daily living skills such as cooking, and horticultural or animal husbandry activities. The Oaktree Centre is complimented by a sensory garden, designed and completed by the patients.

Charity work

Patients have the opportunity to volunteer at a local charity shop or to volunteer at the nearby Fingringhoe Nature Reserve where they will put to use the good horticultural skills they will have acquired working on the vegetable patch, sensory garden, green house or gardens at Oaktree Manor.
Therapeutic facilities

There are a variety of facilities available at Oaktree Manor, Learning/Intellectual Disability Services Essex.

- **Two sensory rooms**
  Situated on the male ASD ward and the female ward. The sensory rooms provide the patient with tactile, auditory and visual stimulation. Patients can attend 1:1 sessions, group sessions or access the sensory room at will to self-calm.

- **Fitness room**
  There is a fitness room in the Oaktree Centre where patients have supervised access throughout the week. Patients are supported in participating in a healthy eating and exercise regime. The patients also have access to bikes on site and large extensive grounds in which to ride.

- **Patient shop**
  A patient shop is situated in the Oaktree Centre. It is run by patients and it is their responsibility to order stock, present the merchandise and deal with the money. Input is given by all patients through the patient forum.

- **Patient forum**
  The patient forum is a monthly meeting held by patients to discuss matters pertaining to their treatment or experience at Oaktree Manor with a member of the senior management team. The forum is chaired by a patient and supported by a patient secretary, both of whom are elected by his/her peers.

Leisure activities

Patients have access to a range of leisure activities.

- **Horticulture**
  Available in the vegetable garden, sensory garden and green house. This teaches patients skills they may then use if they are to volunteer at Fingringhoe Nature Reserve.

- **Animal husbandry**
  By looking after the fish, chickens, guinea pigs and rabbits patients learn how to feed the animals and keep them clean and safe.

- **Exercise**
  Patients are encouraged to participate in a range of exercise from football matches on site, cycling in the grounds or visiting the local swimming pool or mobile gym.

- **Community activity**
  Patients are encouraged to go out into the community to complete their shopping, visit the cinema (where ASD friendly showings are regularly held) or socialise. Community based activities include Gateway, a local social club, swimming, snooker club and visits to the cinema, banger racing, zoo and beach as part of a graded exposure community programme.
Robert’s* story

Prior to admission
Robert, an ASD patient with no verbal communication and limited sign language, was admitted to Oaktree Manor from a psychiatric secure hospital as an emergency admission. Robert had displayed aggressive behaviour in his previous hospital and had required enhanced observation, sometimes 5:1.

The team at Oaktree Manor realised that Robert’s ‘fist pumping’ greeting was not intended to be aggressive and responded in kind, with good results. He was welcomed by Makaton-trained staff of similar culture to Robert’s British African heritage.

Too much noise could upset Robert and act as a trigger causing him to act aggressively so a bedroom at the end of the corridor was allocated to him as it was quiet and away from main patient areas. A CD player was also installed as Robert liked to listen to classical music to help him relax. The aim was to reduce his anxiety so that he was able to concentrate on settling in. So successful was this, the team found they were able to manage Robert on 2:1 observations.

Physical health
Robert’s mother told the team she believed that Robert’s aggressive behaviour was a result of undiagnosed ill health and abdominal pain. Physical health checks ascertained that he required a gluten free diet. Robert’s aggression had been partly caused by his inability to communicate that he was in pain. This had resulted in a desire to eat inappropriate food and large portions. Once his dietary needs were understood, Robert was given the appropriate gluten free diet which eased his abdominal pain. The nursing team then worked with the Psychologist and a food programme was implemented.

Settling in
Robert was introduced slowly to activities taking place at the Oaktree Centre, a recreational, educational and social skills centre. Using picture cards or Makaton, he was able to interact with staff and patients and communicate his interests and choices of activity. Robert participated in games of football, listened to music, cooked and painted.

As Robert settled in, his challenging behaviours reduced. Robert began to understand that there was no need for him to be aggressive and learnt to walk away from aggressive patients. Consequently his observations were further reduced from 2:1 to 1:1.

Robert was encouraged to increase his independence and work on developing his daily living skills. He enjoyed cleaning his room, cooking and doing his laundry as well as taking part in sessions.

Discharge after 14 weeks
Robert was at Oaktree Manor for only 14 weeks before he was successfully discharged back to his home county and during that time his observations were reduced from 5:1 to 0 as the triggers for his aggressive behaviour were eliminated.

This was achieved by PiC’s specialist ASD programme which is based on a holistic approach through the provision of a suitable environment, therapeutic interventions and communication methods.

“I do my own laundry, I do everything. I haven’t been in long and I am learning new things.”

* Patient’s name has been changed to protect anonymity
Coming to Oaktree Manor

Beth was admitted to Oaktree Manor during late 2011. Beth has a mild learning disability and personality disorder which presents with challenging behaviour. Beth had lived in the community and raised a family until she was in her early 30’s, but was moved to an inpatient service after her challenging behaviour meant she was unable to stay in the family home. Beth was later admitted to Oaktree Manor, after her initial placement was unable to address her challenging behaviour.

In the beginning

When Beth was admitted she was very aggressive; she assaulted staff on a daily basis, self-harmed, often tried to barricade herself in rooms, tried to ingest foreign objects and required high levels of restraint and some episodes of seclusion.

Individualised treatment programmes

The multidisciplinary team (MDT) assessed Beth and implemented an intensive individual treatment programme. This included the implementation of the DBT programme as part of the Skills System Emotional Regulation Programme. The DBT programme is a psychology-led programme which is for patients who may be prone to self-harm or aggressive behaviour. The programme helps patients to understand their emotions, to develop new emotion regulation skills and alternative behaviours. Beth says “DBT helped me with my breathing. Staff know me, so when I get worked up the staff give me space. Now if I want to do something I ring the bell and the staff help me”. Additionally the MDT implemented an individual Positive Behaviour Support (PBS) programme to address Beth’s challenging behaviour.

The intensive clinical therapies programmes implemented by the MDT such as DBT, PBS and a medication programme resulted in a reduction in Beth’s aggressive behaviour. Consequently, Beth has been able to increase her community access as part of her treatment programme, which includes socialising and shopping in the nearby towns.

Engaging in education and real work opportunities

As part of her treatment programme, Beth has also been supported to attend the ASDAN College at the Oaktree Centre, an onsite educational and vocational facility for patients. Beth has completed courses in Maths and English and enjoys many of the occupational therapy programmes run at the centre, such as arts and crafts.

Beth is also working on reinforcing her daily living skills such as cooking, shopping and budgeting, as well as participating in the Real Work Opportunities programme as a flower arranger for the Oaktree Manor office building. These are all skills which will prepare Beth to move back into the community in the future.

Family and the future

A vital part of Beth’s treatment programme is the ability to be able to go keep in regular contact with her son and grandson. The team at Oaktree Manor support Beth by facilitating regular visits home and visits from her family. Additionally, Beth keeps in contact with her family by telephone and has the opportunity to use Skype.

Beth’s treatment programme is focused on giving her the skills to manage her challenging behaviour and reinforcing the skills which will enable her to move into a locked rehabilitation service before moving back into the community in her home region.

"DBT helped me with my breathing. Staff know me, so when I get worked up the staff give me space. Now if I want to do something I ring the bell and the staff help me.”

*Patient’s name has been changed to protect anonymity
Our values

Valuing people
Respecting our staff, patients, their families and communities

Caring safely
Caring safely for ourselves, our patients, our customers and communities

Integrity
Uncompromising integrity, respect and honesty

Working together
Working together with everyone

Quality
Taking quality to the highest level

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