Patient Information Booklet

What you need to know

Brain Injury Services, Northampton Community Houses
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About Partnerships in Care

Partnerships in Care (PiC) has over 30 years of experience of specialist provision in acquired brain injury, neuro-rehabilitation, mental health, learning disability, personality disorders and autism.

- Each year an estimated 1 million people attend hospital A&E in the UK following a head injury. Of these, around 135,000 people are admitted to hospital each year as a consequence of brain injury.
- Approximately 85% of traumatic brain injuries are classified as minor, 10% as moderate and 5% as severe.
- Men are two to three times more likely to have a traumatic brain injury than women. This increases to five times more likely in the 15-29 age range.
Brain Injury Services, Northampton
Community Houses

Brain Injury Services Northampton Community Houses
Grafton House and 51 The Drive are two three bedroom community houses situated next to each other in a residential area of Northampton. The houses take men and women over 18 years of age for continuation of neurobehavioral rehabilitation or long term stay placements.

The BIS Northampton Community Houses are part of a discharge pathway from the nearby BIS Northampton Grafton Manor situated in the nearby Grafton Regis. Residents will have either moved from Grafton Manor to the community houses or will be admitted to the community houses from another placement or home.

Where we are

The community houses are based in a residential area of Northampton close to the city centre. There are plenty of local amenities including shops, a cinema, theatre, library and leisure centre.

Northampton has the most public parks in England, second only to London and there are several local parks in close proximity to the houses.

How to contact us

Our addresses are: -

Grafton House
49 The Drive
Kingsley
Northampton
NN1 4SH

51 The Drive
Kingsley
Northampton
NN1 4SH

The houses can be contacted directly by telephoning the following numbers:

Grafton House: ??
51 The Drive: ??
Why are you here?

Brain Injury Services, Northampton
Community Houses

If you are admitted to the Community Houses you will follow one of the following treatment programmes:

**Rehabilitation** – Residents identified as requiring rehabilitation will receive an individual treatment programme devised by the transdisciplinary team (TDT) to help you re-gain daily living skills.

**Mood and Behaviour Stabilisation** – This programme, devised by the TDT, focuses on the management and reduction of challenging or unsettled mood and behaviour. Once inappropriate behaviours are reduced, you may be identified as being suitable to begin a rehabilitation programme.

Where possible your expected discharge date will be identified on admission. All treatment plans will be individually tailored to meet your needs, taking into consideration your personal interests. Treatment plans will be agreed with you and will be planned using goal orientated timelines to enable you to keep track of your own progress towards your discharge.

The main emphasis of the treatment and rehabilitation offered at BIS Northampton Community Houses is to enable you to have increased opportunities for choice, autonomy and empowerment over your own life and to obtain the optimum level of independence that your potential allows. Individual goal orientated treatment plans are devised for you within a discharge pathway of agreed duration, specifically tailored to meet your individual needs. This is provided within a home like environment with purpose to support you in achieving a valued social role both within the community and within groups of peers and family members.

During your stay at BIS Northampton Community Houses you will have your own rehabilitation programme which will be reviewed regularly. The specialist treatment and rehabilitation offered to you to meet your identified needs may comprise of one or a combination of the following programmes; risk management, behaviour modification, psychiatric interventions, cognitive re-training, functional skills, speech and language and communication skills, physiotherapy and physical health management plans.
Discharge pathway

Brain Injury Services, Northampton

Brain Injury Services Northampton provides a discharge pathway which comprises of an inpatient rehabilitation placement and the community houses. This enables you to participate in your rehabilitation programme in a less restrictive environment with more increased access to the community allowing you to test your skills prior to moving back home or to an alternative placement.

PIC Brain Injury Services discharge care pathway

- **Patients have the opportunity to move through the services**
  - Inpatient rehabilitation Elm Park, Essex: Intensive neurobehavioural rehabilitation for detained and non-detained patients provided by the multidisciplinary team. Patients can step down to the Essex Community Houses for continued rehabilitation.
  - Inpatient rehabilitation Grafton Manor, Northampton: Intensive neurobehavioural rehabilitation for detained and non-detained patients provided by the multidisciplinary team. Patients can step down to Grafton Manor, transitional cottage/ studio or apartment.
  - Inpatient rehabilitation Burton Park, Leicestershire: Intensive neurobehavioural rehabilitation for detained and non-detained patients provided by the multidisciplinary team. Patients can step down to Burton Park, transitional cottage/studio or apartment.
  - Community rehabilitation Elm House and Elm Cottage, Essex: Continuation of neurobehavioural rehabilitation in a community setting to prepare the patient for living in the community. Following completion of this stage, the patient is supported to return home or to a placement that is most suitable for their needs.

- **Patients can be admitted into and discharged out of the Brain Injury Services discharge pathway at any stage of treatment, dependent on their individual needs**
  - Transitional rehabilitation Brain Injury Services Northampton, Grafton Manor: transitional cottage/studio or apartment. Continuation of neurobehavioural rehabilitation with help from the multidisciplinary team to prepare the patient to move to the community. Patients can step down to The Chantry or discharge from Brain Injury Services to a placement that is most suitable for their needs.
  - Community rehabilitation Grafton House, S1 The Drive: Continuation of neurobehavioural rehabilitation in a community setting and/or long-term community placements. Patients can step down and move back home or to a placement that is most suitable for their needs.

- **Outreach services**
  - Following discharge from the community houses, patients can be supported in the community by members of the clinical team with individual therapy sessions and support to ensure successful and sustainable discharge.
  - Outreach Services: Patients may use outreach services which enable them to attend therapy sessions at the inpatient rehabilitation services as part of their rehabilitation programme.
Resident activities

As part of your treatment programme, you will be supported to carry out a range of activities to promote your skills and independence and to participate in as part of your chosen recreational and leisure activities.

Within the community houses you will be supported to work on your daily living skills to promote your independence. You will be supported to do your own laundry and other domestic chores, shop and budget for food and cook your own meals and for others.

Vocational activities

Residents are supported to participate in a range of activities at the houses or in the community to meet your needs. This can include:

- Horticulture
- Swimming
- Theatre
- Gym
- Shopping
- Attending activities at the local Headway group
- Library
- Walking
- Fishing

“`I’m looking forward to having my own life and enjoying it. New life, new start.”`

Return to work scheme

BIS Northampton Community Houses run a Return to Work Scheme. Residents are supported to write their CV and apply and interview for the posts. Posts are paid and include:

- Gardening Assistant
- Messenger
- Maintenance Assistant
- Housekeeping Assistant
- Administration Assistant

Residents are also supported to attend Workbridge which is a local charity which helps people with mental health, learning disability or brain injury to learn vocational skills including gardening, carpentry, administration and packing.
There’s a lot to do here, OT do a lot and it’s actually quite fun. I have more independence and have been able to make more decisions.”

Sample activity programme

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<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>09.00 Communal Breakfast</td>
<td>09.45 Walk to Local Shop</td>
<td>10.30 College Course</td>
<td>11.00 College Course</td>
<td>12.30 Lunch</td>
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<tr>
<td>10.30 Exercise Session</td>
<td>11.00 Local Excursion of Choice</td>
<td>10.30 Psychology Session at Elm Park</td>
<td>11.00 Psychology Session at Elm Park</td>
<td>12.30 Lunch</td>
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<tr>
<td>12.30 Lunch</td>
<td>13.30 Exercise Session</td>
<td>15.30 Travel Training - Colchester Library</td>
<td>16.00 Communal Shopping - Supermarket</td>
<td>17.00 Prepare Dinner</td>
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<tr>
<td>15.30 Travel Training - Colchester Library</td>
<td>16.00 Relaxation Time</td>
<td>16.00 Relaxation Time</td>
<td>17.00 Prepare Dinner</td>
<td>18.30 Current Affairs Session</td>
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<td>16.00 Relaxation Time</td>
<td>19.00 Listen to Music / Watch a Film</td>
<td>19.00 Clacton Disco</td>
<td>19.00 Evening Walk</td>
<td>20.00 Relaxation Time</td>
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<tr>
<td>20.00 Relaxation Time</td>
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<td>20.00 Relaxation Time</td>
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As part of your rehabilitation programme you will be encouraged to participate in a variety of leisure activities to meet your individual interests. This can include swimming, gym, social clubs, country and coastal walks, shopping, dining out, college and voluntary work experience opportunities.
Your clinical team

The community houses have a dedicated team comprising of a Registered Manager and Rehabilitation Workers. In addition the rehabilitation team are supported by the TDT from Grafton Manor which comprises of a Consultant Psychiatrist, Consultant Neuropsychologist, Occupational Therapists, Physiotherapist, Speech and Language Therapist, Nurses and Rehabilitation Assistants. On admission residents are will be allocated a Rehabilitation Key Worker who will be their main point of contact for all treatment queries.

The TDT will support patients within the community house on an individual needs basis. Some patients will require more TDT input than others. The TDT support available includes:

**Neuropsychology**

The psychology team will meet with you regularly as part of the clinical team and will agree suitable treatment plans. As part of the TDT, the psychology team designs and delivers assessment, treatment and rehabilitation programmes which are delivered through a range of individual and group therapeutic approaches. The psychology team is supported by Rehabilitation Assistants to carry out individual and group sessions to meet your psychological needs. Residents from the community houses are encouraged to attend group sessions at Grafton Manor.

**Occupational Therapy**

The Occupational Therapist will assess and devise individual treatment plans if you have difficulty fulfilling your activities of daily living such as personal care, cooking, community competence and facilitating leisure activities and hobbies to gain independence. The Occupational Therapist will also work with the Rehabilitation Assistants to carry out individual or group activities based around your individual interests.

**Physiotherapy**

The Physiotherapist will assess and treat you by devising individual treatment plans. The Physiotherapist guides Rehabilitation Support Workers to continue delivery of physiotherapeutic intervention throughout the day to ensure that you gain your optimum functional ability.

**Speech and Language Therapist**

The Speech and Language Therapist will assess and devise treatment plans for you around communication, eating and drinking and swallowing. The Speech and Language Therapist supports the rehabilitation team to continue delivery of the interventions to provide a consistent approach to achieve optimum ability.

**Rehabilitation Support Workers**

Rehabilitation Support Workers work with other members of the TDT at the houses to deliver direct care to the patients. Rehabilitation Support Workers will support you in all areas of your treatment from personal care, participation in therapy sessions, community access, leisure and recreation and day to day living.

Working with other healthcare professionals

**Your physical health**

Physical Health and well-being is an important part of brain injury rehabilitation. You will have access to a GP in the community to address any physical health issues and will be supported to access local primary care services such as the dentist, optician or chiropodist.

**Patient Advocates/Independent Mental Health Advocates**

You will have regular access to an advocate. This is an independent person from a local advocate charity who will meet with you to discuss any concerns you might have or support you by attending important meetings if you wish. The advocate is not employed by Partnerships in Care and is not part of the TDT.
Information about your care and recovery

- You have the right to receive clear information about any proposed treatment, including any risks involved in that treatment, and told about any drugs you are prescribed and any alternatives that may be available.
- You are able to ask for an explanation of your diagnosis in plain language, and ask for more information if you do not understand the explanation.
- You should be treated and cared for in the least restrictive environment appropriate to your needs.

Data protection

All hospitals keep information about our patients to help with your treatment and care.

You are allowed to view your clinical records at any time, with the request being made to medical records by you, a solicitor, advocate etc.

If your records have been requested by your solicitor, care manager or any other doctor, we will ask for your permission.

Data is stored, used and shared through our Electronic Patient Record (EPR) system.

When sharing information it is sent through a secure email – NHS.net which is encrypted and password protected.

What do we expect from you?

As you are now in a shared living environment we would like you to be aware of the needs of others.

- We would encourage you to get along with fellow patients and members of your care team.
- It is important that you treat others as you would wish to be treated yourself.
- We ask everyone to be respectful, tolerant and understanding of each other to promote a pleasant atmosphere.
- We will work with you to find new ways to cope with life’s challenges.
- We adopt a ‘Zero Tolerance’ approach to violence in any form, whether it is verbal, physical, racial or to property.
- We work closely with the local police and charges will be brought against anyone assaulting another person or wilfully causing damage.
About my stay

How can I receive money/my benefits?
Most patients are entitled to receive benefits from the government; we will help you claim this. There may be some delay when patients are first admitted to the home, but we can provide a temporary (repayable) allowance until you get your money. Staff can provide further advice on this issue if required.

What can I keep?
As part of the process of keeping you and others safe, we need to restrict certain items from the home. A member of staff will go through the list of ‘contraband’ items with you on your arrival. We ask that you don’t bring these items into the home nor ask someone to bring them in for you without discussing with nursing staff first.

Different homes may have other items on their lists. If you ever have any questions about an item, the nursing team will be happy to advise you.

Faith
The home will ensure that your religious and spiritual needs are met in an appropriate and sensitive manner. The home is committed to recognising and addressing the diversity and rights of all patients.

Some patients make use of the local church and other places of worship.

Can I smoke in the community house?
Partnerships in Care encourages patients not to smoke and supports patients and staff through Occupational Health Services and NHS smoking cessation programmes.

Smoking facilities are however provided within the garden area of the house for use by patients who do wish to still smoke.

Activities
The home provides a range of services to extend, maintain or develop patients’ skills and/or interests. These services are accessed following an assessment by the clinical team.

In addition to these services there are house-based activities and some off-site (or external) activities. These activities are varied in nature.

Food and menu planning
Prior to admission, your dietary (health related, religious and cultural) requirements are communicated to the team. The rehabilitation team will then work with you to support you in planning your own menus, shopping for your own food, budgeting and cooking.

Care Programme Approach (CPA) meetings
Your care review meetings are called Care Programme Approach (CPA) meetings; these form an important part of your treatment pathway. The CPA meeting is an opportunity for you and your clinical staff to get together and plan your care and treatment for the next 6 months of your stay with us. Your first CPA meeting will take place within 12 weeks and then every 6 months thereafter.

This is your CPA meeting so we like to involve you from the beginning. Your local Mental Health Team is invited to the meeting to discuss your progress and recovery, but you are also able to invite your carers and other professionals if you wish to. The CPA coordinator will discuss with you who you would like to invite to the meeting.

At the meeting you can be as involved as you want to, even being able to chair the meeting if you feel able to. By the end of the meeting you, the attending professionals and your family should have agreed your treatment plan, set objectives and made a plan for the future.

A CPA questionnaire is available for you to provide feedback regarding your review meetings. A feedback and a copy of the CPA report will be given to you after the meeting.

Patient Forum
The Forum is run by the patients for the patients. All patients are actively supported and encouraged to attend and be fully involved in their Forum. The Forum discuss many varied issues and can often help the wider patient group problem solve and get the most from their stay and treatment at BIS Essex.

The Forum has two strong focuses; one is to convey any Patient concerns and needs to the attention of the Senior Management Team and wider staff team and then secondly to receive information that will enable the service to be informed by the Patients.

The Registered Manager is invited to attend the Forum to inform and discuss on any issues that the Patients may wish to discuss.

“It is a clean, quiet, friendly, homely, relaxing place to live and is a stepping stone on the path to our future.”
About my stay

Clinical governance

The Clinical Governance team consists of members of the trans-disciplinary team and senior managers and the groups aim is to ensure the highest standards are delivered to the patients throughout their journey of rehabilitation and treatment. The meeting is also attended by a Patient representative and outcomes fed back to the Patient Forum.

Visiting arrangements

If you wish, your family, relatives and friends will be encouraged to visit regularly, and maintain contact by letter or telephone when visiting is not possible. It is recommended that visits are pre-arranged and where possible visiting is avoided during the hours of 09.00 to 17.00 hours Monday to Friday in order to avoid distracting you from your rehabilitation or leisure programme. Relatives and carers are equally encouraged to take an active part in the CPA process as well as attend reviews.

Visitors will be welcomed at all reasonable times, and all prospective visitors are asked to let a member of staff know of their visit prior to arrival. For Security and Fire Safety reasons, visitors must first report to staff at the front door where they will be asked to sign in and will be provided with a temporary pass and a copy of the visitor’s policy which will outline the requirements of any visitor.

You have the right to refuse to see any visitor and this right will be respected and up-held by the Person in Charge who will, if necessary, inform the visitors of the patient’s wishes.

Complaints

Partnerships in Care hospitals strive to offer the highest quality of care and service to all our patients, their carers and all other stakeholders. We recognise the importance of providing high quality care to people who at this point in their lives are relying on us to provide support and stability. It is a great disappointment to us if a complaint is made about any aspect of our work.

- If patients have concerns they should speak to the Registered Manager, who may deal with the matter at the house
- If the patient wishes, they can make a formal complaint to the Complaints Officer. They can do this independently or with the help of a member of staff or an independent advocate
- The Complaints Officer will then investigate all aspects of the complaint as thoroughly and as quickly as possible and the complainant will receive full details of the outcome of the investigation within 25 working days. If they are not satisfied with the outcome then they have the right to pursue the internal appeals process and complain to the Director of Policy and Regulation for Partnerships in Care. Patients or their representatives also have the right to raise the matter direct with the Parliamentary & Health Service Ombudsman without first going through the company’s internal appeal process. They should not, however, use both appeal processes at the same time
- The complaints department may report allegations of ill treatment in accordance with the hospital’s Safeguarding Adults policy
- Patients also have the right to ask the Care Quality Commission to help them if they have a complaint about treatment under the Mental Health Act

If patients, relatives or friends wish to find out more about the complaints procedure, they should speak to the Registered Manager or the Complaints Officer who will provide advice and support.
Glossary of terms

A list of healthcare abbreviations you may hear being used at Brain Injury Services, Essex.

We recognise that the use of abbreviations is used regularly in healthcare settings. Please ask a member of staff if you do not understand the terms or language.

ABI – Acquired Brain Injury
CBT – Cognitive Behavioural Therapy
CPA – Care Programme Approach
CQC – Care Quality Commission
CQUIN – Commissioning for Quality and Innovation
EPR – Electronic Patient Records
IMCA – Independent Mental Capacity Advocate
IMHA – Independent Mental Health Advocate
TDT – Transdisciplinary Team
MHA – Mental Health Act
MHT – Mental Health Tribunal
MOJ – Ministry of Justice
MVA – Management of Violence and Aggression
OT – Occupational Therapy
PIC – Partnerships in Care
PRN – as required medication
PTA – Post Traumatic Amnesia
RC – Responsible Clinician
SMT – Senior Management Team
TBI – Traumatic Brain Injury

“Being in my own place, having my own life and enjoying it.”

Anoxia - this happens when the brain is completely deprived of oxygen.
Hypoxia – this happens when the brain doesn’t get enough oxygen.
Cognitive functioning/cognition - cognitive function is the way we think, understand the world around us, make judgements, and reason.
Contusion -these are injuries that bruise part of the brain.
Discharge pathway – this is opportunity for a patient to move from one unit to another as they progress through their treatment.
TRIP – Treatment Rehabilitation Interdisciplinary Pathway. This is the rehabilitation programme using a goal defined timeline. This programme is devised by the Elm Park team using a visual chart to help you understand your progress through your treatment.
BUILD - Behaviour Understanding and Life Development. This is the mood and behaviour stabilisation programme using a goal defined timeline. This programme is devised by the Elm Park team using a visual chart to help you understand your progress through your treatment pathway.
Disinhibition - this means that people may act impulsively, or in a way that suggests they haven’t thought about what those around them might think.
Subdural haematoma -this is caused when blood collects between the skull and the surface of the brain. The blood puts the brain under pressure, which can trigger a wide range of symptoms including vomiting, mental confusion and coma.
Useful contacts & links

**Partnerships in Care (Head Office)**
2 Imperial Place  
Maxwell Road  
Borehamwood  
Hertfordshire WD6 1JN  
Telephone: 020 8327 1800  
Fax: 020 8327 1900  
http://www.partnershipsincare.co.uk

**Care Quality Commission**
CQC Central  
Citygate  
Gallowgate  
Newcastle upon Tyne NE1 4PA  
Telephone: 03000 616161  
http://www.cqc.org.uk

**Mental Health Review Tribunal**
5th Floor  
11 Belgrave Road  
Victoria  
London SW1V 1RS  
http://www.MHRT.org.uk

**The Parliamentary and Health Service Ombudsman Health Service Commissioner of England**
13th Floor  
Millbank Tower  
Millbank  
London SW1P 4QP  
Telephone: 0345 015 4033  
http://www.ombudsman.org.uk

**Formal Advocacy Service**
Rethink (advocacy for male patients)  
Kneesworth House Hospital  
Bassingborn-cum-Kneesworth  
Royston  
Hertfordshire SG8 5JP  
Telephone: 01284 756 791

**Complaints Officer / Registered Manager**
Donna Patrick  
Elm House  
192 Wivenhoe Road  
Arlesford  
Telephone: 01206 824443

http://www.mind.org.uk  
A campaigning mental health charity. The website has news and useful information about treatments.

http://www.dh.gov.uk  
The Department of Health website aimed at professionals but containing accessible information in the mental health section.

http://rcpsych.ac.uk  
The Royal College of Psychiatry. The website contains helpful information on mental illnesses.

“I have got to know many different people.”
These are our values. What we believe in.
What you can count on.

Valuing people • Caring safely • Integrity
Working together • Quality