

Specialist Older People's Services Guide



Mental healthcare : for people, not for profit



INVESTOR IN PEOPLE

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1. About our services

Our services offer specialist care to older people with either an organic brain disorder such as dementia; or with a functional disorder such as psychosis, depression or personality disorder. People who use the services may as a result of these illnesses present with behaviours that are challenging to carers or nursing homes such as wandering, aggression or anti-social behaviour. The multidisciplinary team is experienced in understanding and resolving complex, challenging behaviours in a dignified manner. The holistic, biopsychosocial (BPS) approach supports the person to recover a sense of their own identity, optimising their strengths.

George Jepson and **Katherine Allen** are two gender specific units for older people, presenting with challenging behaviours of either an organic or functional nature. They provide person-centred recovery orientated interventions in a stimulating environment. In conjunction with Katherine Allen II and Blair Atholl, these units can provide a stepping stone to more independent living or continuing care where this is not possible.

Katherine Allen II unit works closely with Katherine Allen and George Jepson units. It empowers more physically able and socially active patients to live as independently as possible.

Blair Atholl is a community rehabilitation unit for older people (55+) with mental health problems many of whom have spent long periods of their life in hospital. Based in the village of Haxby patients can access local community facilities and benefit from a real sense of social inclusion.

2. What are challenging behaviours?

Challenging behaviours are actions that prevent a person from living an independent lifestyle. These include aggression as a result of dementia or psychosis, safety issues due to wandering and the risk of accidental harm, or where a patient may be considered to be a risk to others. As a consequence, the severity of their behaviours make it virtually impossible for the person to be cared for in their own home or even in a care home.

3. Who will benefit from our service?

We provide an inclusive service for both those individuals who are here voluntarily and those who are detained under the Mental Health Act 1983. We also work with individuals who do not have the capacity to make decisions about their welfare and work within the guidance of the Mental Capacity Act 2005.

Our patients come to us with behaviours that are challenging and complex eg due to dementia or enduring mental illness such as schizophrenia. Some of our patients may



also have a mild learning disability in addition to a primary diagnosis of mental illness. Either way, we provide long term and short term care.



4. Our treatment philosophy

We uphold The Retreat's historic principles and value the individuality of every person. We believe that each individual has a right to live a satisfying, meaningful and hopeful life, even within the limitations caused by illness. We are committed to:

- Creating an environment that is conducive to and enhances the process of recovery.
- Comprehensive and regular assessments.
- Regularly reviewing the effectiveness of care through planned case review meetings with the clinical team.
- Treatment that is focussed on reducing the severity and frequency of challenging behaviours.
- Providing meaningful and personalised activities that maintain and enhance the life skills and interests of our patients through individual and group activities.
- Helping the patient maintain strong links with family and friends through regular contact and visits.



4.1 The team's values

We asked the team from Older People's Services what was important to them about the job that they do. Between them, they came up with the following:

- Treating patients as unique individuals, taking the focus away from their illness and respecting their personhood.
- Make a positive difference.
- Providing high quality care so that patients can achieve the highest quality of life possible (they defined Quality of Life in terms of comfort, enjoyment, opportunities, safety, dignity, individuality, integrity, realistic independence and wellbeing).
- Interacting with patients and finding out what they enjoy-seeing their enjoyment and making them laugh.
- Providing older people with valued occupation and activity.
- Valuing old age.
- Building relationships and working in partnership with older people and their carers.
- Working as a team with a common goal and a dedication to continuous development.
- Communicating with patients in a meaningful, encouraging and interested way.
- Spending time talking, learning and sharing memories.
- Making each day different.

Taken from a Team Effectiveness Day (May 2009)

5. Our Service Model

Our Service Model is evidence based, which means that we only use treatments which are supported by research to be effective when working with our patient group. The Model is founded on a Biopsychosocial approach (meaning that we look at the whole person, rather than just their 'illness'), and we apply the principles of person-centred care when working with all of our patients. To us, this means paying particular attention to learning about each person's life story, individualizing activities and being sensitive to people's religious beliefs and cultural identities.

Our emphasis on valuing the individual, their history and their lived experience, helps us to promote their psychological and emotional wellbeing. We maintain therapeutic optimism and encourage positive risk taking, in order that we support people to maintain the lifestyle of their wish.

We recognise that many of our patients have suffered past and present traumatic life events requiring input and support from healthcare professionals. Consequently our aim is to understand and resolve challenging situations and empower our patients to rediscover their feelings of wellbeing and personal integrity that they need and deserve in later life.

We place great emphasis on recovery and rediscovery, and believe it is an individual and unique process of changing attitudes, values, feelings, goals, skills and roles. It is



a way of living a satisfying, hopeful and contributory life even with the limitations caused by illness.

Our strengths as a service in enhancing the process of recovery are:

- We value each individual, their history and their experiences.
- We offer therapeutic opportunities to discover and rediscover skills and resilience.
- We promote and maintain optimism.
- We promote choice.
- We encourage positive risk taking.
- We work closely with families and carers.
- We support our patients to maintain the lifestyle of their choice.
- We focus on our patients' strengths and skills rather than their problems.
- We think creatively about how we relate to our patients.

6. Care planning

Using the Care Programme Approach (CPA), we ensure that the care we provide is coordinated and sensitive to people's individual strengths and needs. We use multidisciplinary care plans which address the needs of the individual and strive to work alongside individuals to reach their own goals. We regularly review the effectiveness of care through weekly multidisciplinary team meetings and six monthly CPA review meetings.

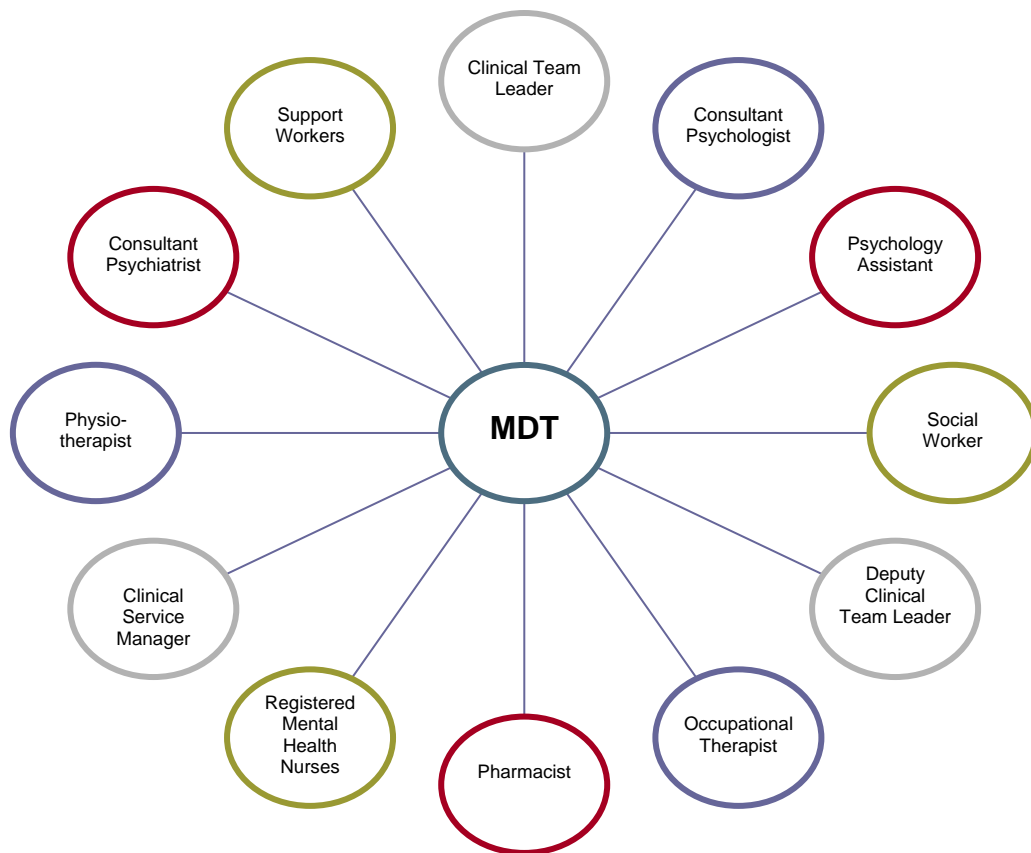
In line with joint NICE – SCIE guidelines (2007) on supporting people with dementia, we work to identify, monitor and address environmental, physical health and psychosocial factors that may increase the likelihood of behaviours that challenge the service. We believe these behaviours to be a communication of unmet need and we work closely with the patient to resolve this.

Throughout the care planning process we recognise the importance of communication. When working with people with organic disorders such as dementia, we pay particular attention to pacing communication, looking at people's non-verbal communication and using language that is positive and non discriminatory.



7. Our care team

Multidisciplinary team



In addition to this, we have further support from administrative staff and staff from other disciplines such as specialist physicians, a speech and language therapist, an activities coordinator and a dietitian. We have weekly visits from a local GP and an independent advocacy service, which provide us with Mental Health Advocates. We can also refer to Independent Mental Capacity Advocates and Independent Mental Health Act Advocates when needed.

8. Staffing levels

Our staffing levels reflect the specialist nature of our work. Our multidisciplinary team is headed by the Clinical Team Leader and provides high staff patient ratios eg during the day – 2.8 patients to staff and during the night – 4.7 patients to staff. Our staffing levels are also responsive to the changing needs of our patients and are adjusted accordingly.



9. Spirituality and faith

In keeping with our original Quaker principles we respect the spiritual dimension within each person. Whether this is expressed in religious terms or not, we seek to promote a sense of belonging, integrity, self worth and hope for the future for all those in our care.

Our full time Lay Chaplain facilitates spiritual and religious expression for both individuals and groups. Our multi-faith 'Quiet Space' is a facility for people of any faith (or none) to use at any time.

10. Medical Care

'Growing older with dignity'

The importance of physical wellbeing in older people cannot be understated. We therefore ensure that every individual in our care has access to:

- Prescribed medication by the Consultant Psychiatrist
- Weekly GP visits and 24-hour emergency medical care
- Referrals to specialist services eg speech and language
- On-house physiotherapy and regular physical assessments
- Nutrition needs assessment
- Tissue viability
- Chiropody
- Exercise groups
- Health promotion information

11. Occupational Therapy

'Helping me do things that I thought I couldn't do' (JB George Jepson unit)

An integral part of our service is the provision of Occupational Therapy. In maintaining and developing life skills we:

- Identify the strengths, likes and dislikes of our patients through face-to-face meetings with patients and their carers.
- Help our patients rediscover their past skills and discover new interests.
- Devise a programme of meaningful occupation.
- Work with the patient and their carers to identify a way to plan and carry out their activities.
- Help our patients experience a feeling of success by adapting their environment to suit their abilities and needs.
- Identify barriers that hinder people becoming involved in occupation/activity.



To aid this process we use the following assessments:

- **Model of Human Occupation Screening Tool** - This assessment identifies six categories:
 - Motivation for occupation (interests, expectations, of success etc)
 - Their pattern of occupation (routines and roles)
 - Communication and interactive skills
 - Organisational and problem solving skills
 - Mobility and coordination
 - Physical and social environment
- **Volitional Questionnaire** - used for people with limited verbal communication skills and is based on carefully observed responses during an occupation and identifies those occupations that have the most meaning and relevance. It measures 16 responses including how much pride a person may express, how long they remain engaged in the occupation and if they attempt to correct mistakes and solve problems.
- **Occupational Therapy Task Observational Skill** - an observational assessment measuring 15 aspects of functioning. These include concentration, decision making, problem solving, and the skills and deficits which influence an assessment of a person's ability to successfully complete an activity. Any deficits can then be compensated for and the skills maximised. This assessment can also help identify which occupations a person is more competent at.
- **The Pool Activity Level** - assesses nine everyday functions such as how a person gets dressed and how they use ordinary products such as toiletries. Our aim is to help a person succeed in their daily routine; something which many of us take for granted.

We believe that our patients have a fundamental right to access roles, relationships, and activities that are important to them. To meet this need, we provide regular sessions of therapeutic activities and appropriate occupation for our patients. All our activities are tailor-made to suit individual needs, and tend to include activities such as:

1:1

- Art
- Gardening
- Celebration of past life events/Wish Days
- Pets as therapy
- Pub trips
- Snoezelen
- Home visits
- Library sessions
- Baking
- Access to the local community
- Jewellery making

Groups

- Community meetings
- Psychotherapy Group
- Home Cooking Group
- Music Appreciation Group
- Reminiscence Group
- Holidays





By providing meaningful and personalised activities, we hope to maintain and enhance people's existing life skills and interests and help them to discover new ones. We work with both patients and carers to identify ways of planning and carrying out activities and to remove the barriers that hinder people becoming involved in occupation.

12. Psychological care

'Feeling valued and restoring hope'

We recognise that many of our patients have suffered traumatic life events and we aim to understand and resolve the issues that may arise from them. By doing so, we hope to empower people to rediscover a sense of wellbeing and personal integrity.

We help to maintain the emotional wellbeing of our patients through individual and group psychological work ie:

- Counselling skills
- Psychotherapy (including group analytic work)
- Psychosocial interventions
- Bereavement support
- Validation therapy
- Music therapy
- Sensory room and garden
- Diversional therapy



13. Social care

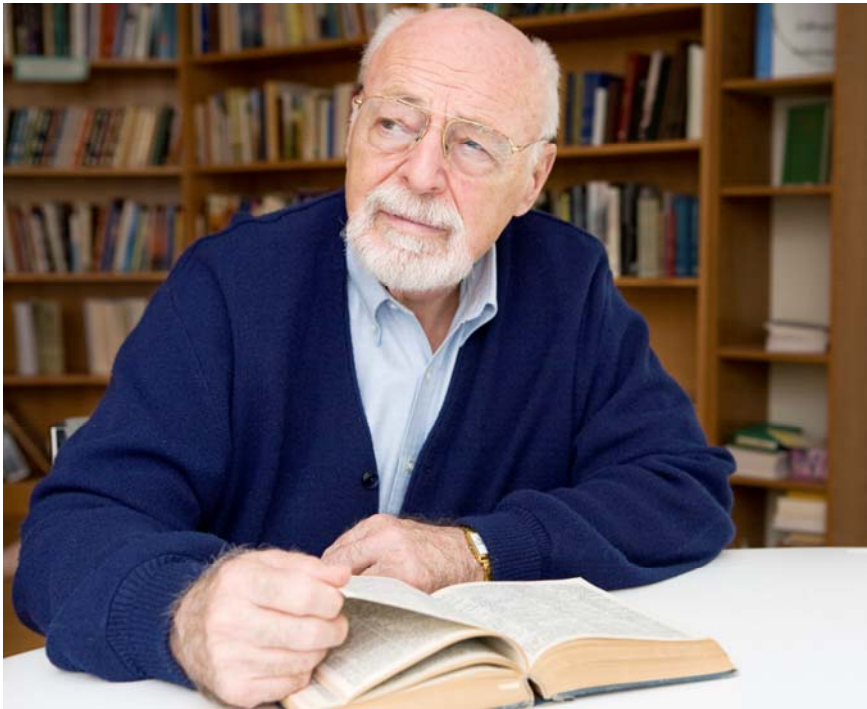
'Maintaining lifestyles and empowering people'

In later life we still have concerns about issues such as finances, property and where we might be in the future. Our service aims to support each individual in our care with these issues and to empower them or their carers to make the necessary choices.

Since 2007, our practice has been guided by new legislation around 'mental capacity'. We are committed to best practice in assessing each individual's capacity to manage their financial and property affairs, and their ability to make decisions about their

welfare. We assess each patient's ability to be involved in each decision around these issues and offer our support as appropriate.

We also keen to ensure that when people are detained here under a Section of the Mental Health Act 1983, we do everything we can to ensure they are cared for in the least restrictive way.



14. Typical Weekly Activities

Katherine Allen unit

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Café Relaxation	Café	Outing Exercise Club	Nature walk in the grounds	Relaxation Café	Outing	Church Service Music & Relaxation
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Music Appreciation	Hymns with Lay Chaplain No Games Group	Community Meeting	Women's Group	Unit Meeting CPA meeting MDT Meeting		

Katherine Allen II unit

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Community Meeting Relaxation	Community Meeting Outing	Community Meeting Healthy Living Cooking	Community Meeting	Community Meeting Relaxation Café	Shopping	Church Service Newspaper Group
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Music Appreciation Music Appreciation Outing	Swimming Hymns with Lay Chaplain No Games Group	Community Meeting	Nature walk in the grounds Women's Group	Knitting Group CPA meeting MDT Meeting	Reminiscence Group Film Night	Laundry



George Jepson unit

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast Club	Tubs and Shrubs Gardening	Exercise Group Community Meeting	Men's Psychotherapy Pottery	Social Group		Music and Relaxation
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Music Appreciation	Swimming Games	Reading Group	MDT meeting CPA Music Therapy	Favourite Hymn	Collaborative Art Group	Collaborative Art Group

Blair Atholl unit

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Community Meeting Art	Community Meeting Social Skills	Community Meeting Community based activities	Community Meeting Men's Psychotherapy	Community Meeting Gardening Club	Community based activities	Church service in Haxby
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Relaxation Group	OT Relaxation Gardening Club	Music Quiz night	Relaxation Men's Group Women's Psychotherapy Favourite Hymns	Current Affairs	Community based activities	Community based activities

15. Work with family, friends and carers

We recognise the importance of family, friends and carers in the work that we do and we strive to support everyone in a patient's care. We recognise that the ideal is for services to be provided as close to a person's home as possible, but when this is not the case we do everything we can to maintain regular contact and to ensure that everyone, where possible, is kept involved.

We recognise the importance to people in our care of maintaining and developing valuable relationships, and members of our team form part of a Carers Sub Group, which looks at strategic issues around how we involve carers in the service we provide.

16. Service user involvement

Involving older people in their care is essential. By involving people, we are more likely to meet their needs and wishes and be at the forefront of best practice in equality, diversity and human rights. We have dedicated staff who take a lead on service user involvement issues to promote dignity and respect in the care we provide.

17. Our Environment

We strive to provide a clean and welcoming environment for everyone. We acknowledge the fact that we work in a clinical setting, but our priority is to provide a 'home' for people whilst they stay with us.

Our focus on reducing the severity and frequency of behaviours that challenge, means that we aim to provide an environment that isn't overcrowded, that offers privacy, activities, and adequate staff attention.

We have worked hard to provide patients with a pleasant dining experience, with a garden space, and with quiet areas on all the units.



18. Quality

'Doing things to the best of our ability'

To ensure that we provide the highest quality service, we follow a planned audit programme which complies with local, national and Care Quality Commission standards and regulations (please see our latest CQC inspection report to see how we're doing). Our audits include:

- Infection control
- Choice
- Care programme approach – documentation audit
- The dining experience
- Food satisfaction audit
- Social activity
- REAT environmental
- The Mental Health Act 1983
- Health & Safety

Our record in quality is good as evidenced through our Care Quality Commission Reports; our Investors in People Award and the fact we are a recognised placement for students in nursing, occupational that and psychology. We can cite a number of reasons for this. We believe that we are able to provide a quality service because of:

- Effective leadership
- Strong multidisciplinary team working
- Effective communication
- Strong internal and external reputation
- Staff supervision and training
- Commitment to challenging stigma
- Patient, carer and purchaser involvement in service development
- Positive risk management

19. Clinical outcome measures

'How do we measure the effectiveness of what we do?'

We utilise a series of assessment scales that allows us to assess the physical and emotional needs of our patients in order to monitor progress:

- **Challenging behaviour scale** - a 25-point rating scale identifying incidences, frequency and management usually over a three month period. Follow up testing is a key indicator of the effectiveness of treatment.



- **Geriatric depression scale** - specifically designed for use with older people. Based upon the emotional state of the patient, many of who have suffered recent personal loss eg bereavement. This scale assists with the process of deciding whether anti-depressant medication is appropriate.
- **Life satisfaction scale** - a self reporting measure of life satisfaction past and present. This scale contains 5 subscales (zest for life, resolution and fortitude, congruence, self concept and mood tone) and is an effective indicator of the patient's current emotional state
- **Life satisfaction scale by proxy** - the same as the above but for patients with impaired or little communication.
- **Beck anxiety inventory** - a 21-item measure that evaluates psychological and cognitive symptoms of anxiety.
- **Beck depression inventory** - A measure that identifies and evaluates psychological and cognitive symptoms of depression.
- **Clinical Outcomes in Routine Evaluation - Outcome measure (Older Adult Version) (CORE)** - a four-subscale measure that evaluates subjective wellbeing, symptoms, functioning and risk.
- **Social functioning scale** - This scale measures a range of psychosocial issues eg social withdrawal, relationships, social activities, recreational activities, independence (competence and performance) and employment.

The information gathered from these outcome measures informs our daily practice with our patients, and enables us to monitor their progress in various areas of functioning between reviews.

20. What people say about our services

As part of our evaluation we listen to the people who use our services and those close to them. The comments we receive from everyone connected with the Older People's Services are vitally important to us. Below are some testimonials we have received:

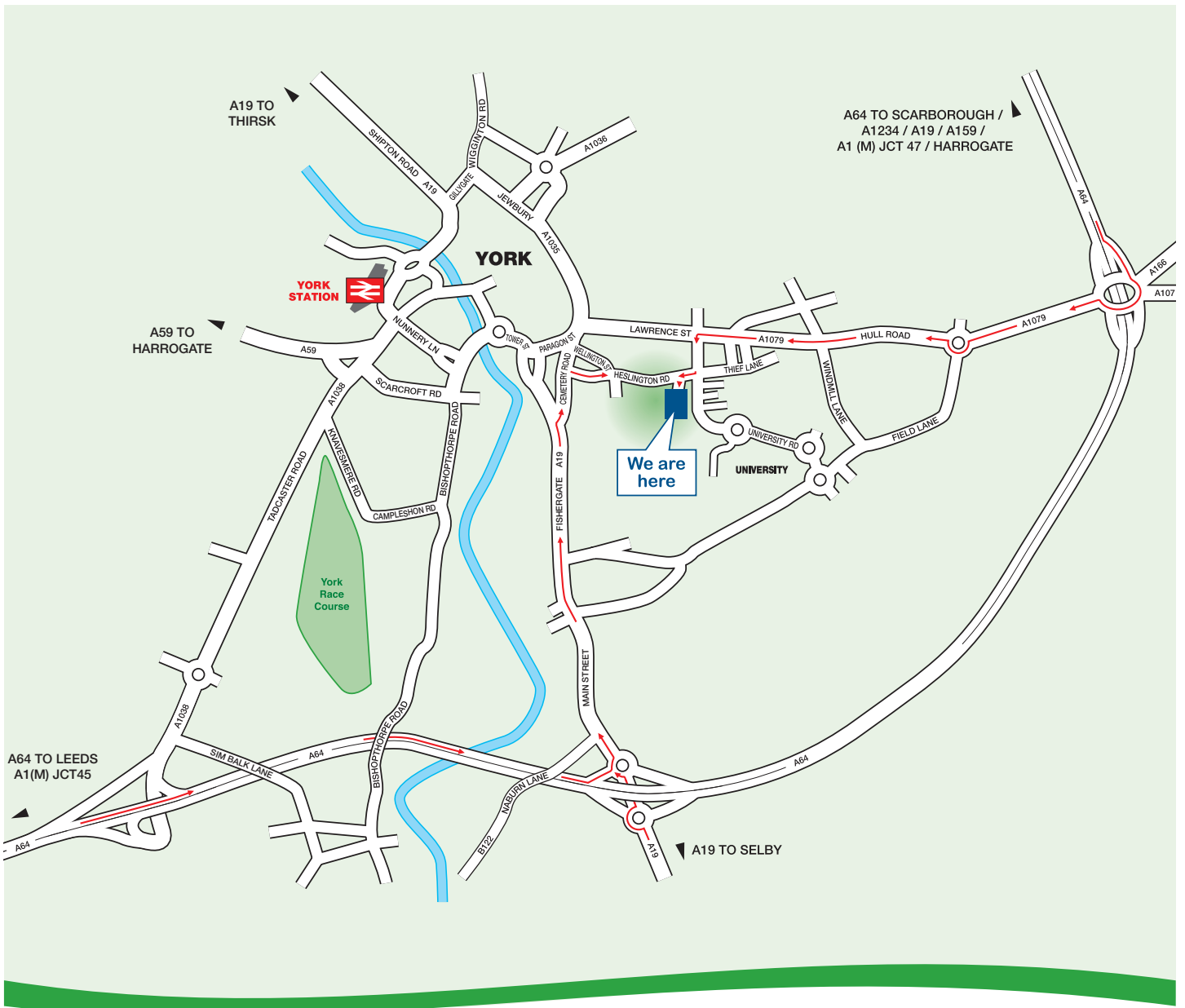
'I cannot imagine how the Retreat can function any better. The facilities are excellent, the staff are the best. I have been treated with care and respect from everyone. My sister and I believe it to be the best care in the British Isles' (Carer feedback questionnaire - February 2008)

'Long may the high ideals of those who set up the Retreat continue to encourage the dedicated staff to do all they can for the less fortunate members of society' (Patient feedback - January 2008)

'We treasure in our hearts the care and devotion that our brother had, especially during his latter years' (Carer feedback 2008)

'For the rest of lives we will remember the loving care you gave my brother during his many years at The Retreat. May your own lives be blessed with the same contentment' (Carer feedback 2007)

'It has been great to see patients being asked what their preferences are rather than the assumptions of their wishes that is too often the case with this client group. I felt particularly privileged to have been present when one of our patients passed away. It was wonderful to see the love and respect that lady was shown and the support given to her family by the staff who provided a shoulder to lean on or a cheerful distraction when that was needed is something I hope to replicate in my practise' (Student Nurse feedback - August 2008)



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