



## Naomi Guide

*Mental healthcare : for people, not for profit*



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## 1.0 Description of Service Model for Naomi

Naomi is a service for women who have been diagnosed with an eating disorder. We specialise in treating people who have been given more than one diagnosis which may include personality disorder, obsessive compulsive disorder and complex post-traumatic stress disorder.

The programme requires a high level of commitment and motivation to change; it relies on clients taking responsibility for their recovery and utilising the support that is available from the extensive multi-disciplinary team. Therefore, the majority of our clients are informal; they are here because they have made the choice to recover. Although we also admit people who are detained under the Mental Health Act, we aim to support them to be discharged safely from their section as soon as possible.

Naomi aims to empower people to take responsibility for their own recovery and we strongly encourage people to regain and retain their independence. We recognise that everyone is unique and we tailor programmes of care according to individual need. The programme is based on Naomi's "Pathways to Recovery" (see Appendix 1) and is informed by Cognitive Behavioural Therapy (CBT) (see below for details).

The Naomi team consists of a full multidisciplinary team, including Nurses, Support Workers, a Consultant Psychiatrist, a Clinical Psychologist, a CBT Therapist, an Assistant Psychologist, a Dietitian, a Physiotherapist, a Social Worker and Occupational Therapists. The team members are all trained in CBT to varying levels. Some are accredited with the BABCP (British Association for Behavioural and Cognitive Psychotherapies). Staff members receive individual supervision as well as team supervision.

Naomi is a modified therapeutic community. This means we value the role social interaction plays in each person's journey towards recovery; we believe that groups are a powerful and beneficial way for people to learn about themselves through other people's experiences and through the relationships they develop within the group. The group programme is influenced by CBT and tailored to reflect the different stages of recovery. We do recognise that individual therapy is important in parallel to allow more in-depth exploration of individuals' experiences. Therefore, people who use the service receive weekly, individual CBT therapy with either a clinical psychologist or a CBT therapist. They also receive interventions at other times with members of the team.

We recognise that people have needs that extend well beyond the problems which have led to them coming to Naomi and we provide help regarding finances, housing, occupation, education and practical issues related to eating and simply 'being' in society. We also know that people's problems have an impact on families and we offer family /couple work; a Family, Friends and Carers Support Group and a Family, Friends and Carers Forum.



## 2.0 Naomi Philosophy

Naomi is a community made up of patients and staff. We are located within the wider community of The Retreat and aspire to adhere to the Quaker principles which underpin our philosophy.

Our principles on Naomi are outlined below:

- We believe that everyone deserves to be respected and treated as equals.
- We believe that everyone is entitled to be listened to non-judgementally.
- We believe that everyone needs privacy and a space to call their own.
- We encourage a culture of openness and honesty. We believe that secrets are often unhealthy and unhelpful, and, therefore, we discourage them.
- We believe that a safe, calm and comfortable environment promotes recovery, and we aim to provide this.
- We believe that reintegration into the wider community is part of recovery, and we encourage patients to actively engage with community resources throughout their admission, where possible.
- We believe in being open-minded and forward thinking. We acknowledge the need to be flexible and to be open to change in order to keep up with the needs and wishes of Naomi unit, and the wider community.
- We believe that, to effect change, therapy should support the exploration of personal experiences, in order that you understand them.
- We believe that mental health issues require a holistic approach. Our treatment plans focus on psychological and social interventions, and we recognise that medication can play a role in recovery.



## 3.0 Our Approach

### 3.1 Cognitive Behavioural Therapy (CBT)

This is the main therapy model the staff will use on the unit to help you to think about yourself, the world and other people. It is a way of understanding how your thoughts, feelings, behaviour and physical reactions interact to keep problems going. CBT is a goal-focused therapy that can help you to change your thoughts (cognitions) and what you do (behaviours). This can help you to work towards recovery. The main focus of CBT is the “here and now”. However, we recognise that the past does affect how people react in the present and this will be taken into account as you develop an understanding of your difficulties.

### 3.2 Expectations

As a community we expect that everyone who uses the service, and the staff, work hard with one another to foster an environment of recovery. This means that the client group and the staff are aware of the responsibilities that they share.

You will be expected to commit to the programme and genuinely want to work towards recovery. You will be expected to attend groups and to engage with all aspects of the programme. You are expected to be open and honest and to contribute to the community.

Staff and peers are expected to listen to you and support you. Staff will empower you to reach joint decisions about your care. Staff will share their expertise with you to support you in your recovery.

### 3.3 The Group Programme

As Naomi is a modified therapeutic community, much of the therapy you receive will take place in various groups, and you will be expected to attend them all in accordance with your individual programme. The number of groups you are expected to attend will depend on a number of factors, including your physical wellbeing. The groups are designed to offer a variety of ways in which you can express yourself, and to explore how you think about yourself and your life. Sharing this with others allows you to explore how you are affected by relationships, how to use the support of others better, and how to break out of the world of secrecy that so often surrounds mental health problems. Each group is facilitated by one or more member(s) of the staff team.

Certain groups (Start of the Week/End of the Week) involve everyone on the unit; staff and patients alike. These groups are designed to be a place where people feel free to speak out on their own behalf, or for others. We strive to make these groups feel safe in order to help people get the most out of their admission. They are for communicating information about what is going on in the unit and the wider world; to discuss problems of living together; and to think about the relationships between the different people in the community. Incidents and conflicts can be discussed and dealt with, and achievements noticed and celebrated. Events from home or elsewhere which impact



upon people can be made known. Feelings, and the effects they have on people's behaviour, can be discussed.

Therapy comes from your committed participation in the programme. While the staff set the overall structure of the Naomi programme, we expect you to contribute to keeping treatment safe and therapeutic, both by acting responsibly during activities, and by helping others think about the effect of their behaviour when participating in (or not participating in) any activities that are agreed.

The weekly programme consists of compulsory and optional groups. The compulsory groups are flexible to suit your problems and needs and this will be determined by you and your team and will be based on where you are in terms of your recovery.

### **Compulsory Groups**

Start of the Week  
Foundation Skills  
Core CBT Skills Training  
End of the Week  
Advanced CBT  
Shop and Cook  
Life Skills  
Client Business Meeting  
Community Collaborative Meeting  
Post Meal Support  
Nutrition  
Emergency Community Meeting (see below)

### **Optional Groups**

Gym  
Swimming  
Yoga  
Trips out  
Gardening  
Choir





### 3.4 Group Timetable

Time	Monday	Tuesday	Wednesday	Thursday	Friday
07.45	07.45 Weigh-In 07.45 Medication	07.45 Weigh-In 07.45 Medication	07.45 Medication	07.45 Medication	07.45 Medication
08.00  09.00	08.15-08.45 – Breakfast  08.45-9.30 Start of The Day Group  No appointments before 9:40	08.15-08.45 – Breakfast  08.45-9.30 Start of The Day Group  No appointments before 9:40	08.15-08.45 - Breakfast  08.45-9.30 Start of The Day Group  No appointments before 9:40	08.15-08.45 - Breakfast  08.45-9.30 Start of The Day Group  No appointments before 9:40	08.15-08.45 – Breakfast  08.45-9.30 Start of The Day Group  No appointments before 9:40
10.00	MDT  10.30 Snack	MDT  10.30 Snack	10.30 Snack	10.30 Snack	09.45-11.00 Core CBT  10.30 Snack
11.00	MDT	MDT  11.00-14.00 Advanced Shop & Cook		11:00 – 12:30 Advanced CBT  11-12pm Body wise	
12.00	12.00 Medication  12.30-13.10 Lunch	12.00 Medication  12.30-13.10 Lunch	12.00 Medication  12.30-13.10 Lunch	12.00 Medication  12.30-13.10 Lunch	12.00 Medication  12.30-13.10 Lunch
13.00	13.10-13.50 PMS  No appointments before 14:00	13.10-13.50 PMS  13.30 Swimming  No appointments before 14:00	13.10-13.50 PMS  No appointments before 14:00	13.10-13.50 PMS  No appointments before 14:00	13.10-13.50 PMS  No appointments before 14:00
14.00			14.15 – 15.00  Business info Meeting  every 2 weeks		



15.00 16.00	15.30 Snack 16.00 Start of Week Group	15.30 Snack 16.00 – 19.00 Core Shop & Cook	15.30 Snack 15.15-16.15 Life Skills Group	15.30 Snack 16.15 – 17.00 Basic Skills	15.30 Snack 15.45 End of Week Group
17.00	17.00 Medication  17.30-18.10 Evening Meal	17.00 Medication  17.30-18.10 Evening Meal	17.00 Medication  17.30-18.10 Evening Meal	17.00 Medication  17.30-18.10 Evening Meal	17.00 Medication  17.30-18.10 Evening Meal
18.00 22.00	18.10-18.45 Check & Chill  21.45 - 22.15 Supper	18.10-18.45 Check & Chill  21.45 - 22.15 Supper	18.10-18.45 Check & Chill Unit Trip 18.45 – 20.30 21.45 - 22.15 Supper	18.10-18.45 Check & Chill  21.45 - 22.15 Supper	18.10-18.30 Check & Chill  21.45 - 22.15 Supper

 Core group

 Advanced group

Breakfast on a Saturday and Sunday is 08:30am. All other meals are at usual times. Any early departures from PMS must be authorised by MDT, e.g. Swimming.

There is usually a unit trip at the weekend (for clients on the requisite physical activity pathway) but there are no additional groups. The weekends are, therefore, a great opportunity to relax, and to reflect on how your week has been.



### 3.5 Care Programme Approach

The Care Programme Approach (CPA) was introduced by the Department of Health in 1991 to ensure that users of mental health services (and their carers, where relevant) receive comprehensive, well-coordinated care.

CPA is a collaborative process. The main elements that you need to be aware of, and we ask for your co-operation with, are:

- On admission, and sometimes before, we will make a comprehensive assessment of your needs. This assessment will inform the writing of a care plan, a collaborative process in which we plan what your treatment package will include. You may have more than one care plan. The overall summary of your treatment is described as a recovery and well-being plan. You should be involved in agreeing your care plans and you will be given copies. Your consent is usually indicated by a signature.
- Your care will be regularly reviewed. The multidisciplinary team meet weekly with you to do this. Within the first four weeks of your admission you will have a comprehensive CPA review involving family, friends and carers (optional) and external professionals involved in your care. You will then have further CPA review meetings every six to eight weeks. Occasionally, it may be necessary to bring a CPA review forward, or to have an emergency review.
- All reviews are based on twenty CPA standards that have been written by people who have used services themselves (experts by experience). You can request a copy of the CPA policy for your perusal.
- You will have a care coordinator in your community team who will keep in close contact with you and all those involved in your care. We will tell you who your care coordinator is.
- Prior to discharge we will support you to develop a discharge and relapse prevention plan. With your agreement we will send these to people who will continue to be involved in your recovery. We have an obligation of care to ensure that we communicate any ongoing medication or risk issues to your GP and local services.



### **3.6 Who's Who in the Multidisciplinary Team (MDT)?**

MDT is the name given to the team who will work with you. They come from a range of professions and bring a broad range of perspectives and expertise. Below are overviews of the roles of professionals included in the MDT.

#### **Team Manager (RMN)**

The Team Manager (TM) has responsibility to ensure you receive the highest quality of care and treatment within a safe therapeutic environment. The Team Manager works closely with the MDT and will oversee the day-to-day running of the unit. Please feel free to talk with the TM about any comments or concerns that you may have.

#### **Deputy Team Manager (DTM)**

It is the Deputy Team Manager's (DTM) responsibility to assist the Team Manager with all aspects of care and treatment delivered to you by the Naomi Team. The DTM focuses on working collaboratively with you in order to provide high quality care and to facilitate recovery.

#### **Consultant Psychiatrist**

The Consultant Psychiatrist is involved in accepting referrals, assessing people for admission and liaising with referring teams. The Psychiatrist regularly sees all of the patients on Naomi to assess their mental state and make recommendations about medication. The Psychiatrist is also a trained psychotherapist and runs the Advanced Cognitive Behavioural Therapy group. She is also a member of the small team of people who facilitate family therapy. If a patient is detained under the Mental Health Act on Naomi then the Psychiatrist acts as their Responsible Clinician.

#### **Clinical Psychologist**

The Clinical Psychologist on Naomi has a number of different roles within the team, including coordinating research on the unit and providing supervision, consultation and training for other members of the team. The Clinical Psychologist undertakes assessments for people who have been referred to the service and sees a number of individuals for therapy within a CBT framework.

#### **Cognitive Behavioural Psychotherapist**

As the name suggests, the Cognitive Behavioural Psychotherapist is trained in CBT and sees patients individually for cognitive-behavioural psychotherapy. He also undertakes assessments for people who have been referred to the service, facilitates a number of therapy groups on the unit and offers clinical supervision and training to staff members throughout the hospital.

#### **Dietitian**

The role of the Dietitian is to interpret and communicate the science of nutrition to enable you to make the necessary changes to your dietary intake to restore a healthy

body weight. The Dietitian will work with you towards achieving a balanced diet that meets your individual nutritional requirements, in order to prevent any nutrition-related problems and achieve a weight that is healthy for you.

### **Registered Mental Health Nurse (RMN)**

The role of the RMN on Naomi is to take charge of the unit, coordinate the shift, and support patients, junior staff and bank staff. Responsibilities include administering medication, admitting and discharging patients, assessing risk, formulating care plans, and carrying out any other administrative tasks required to ensure the smooth and safe running of the unit. Alongside other MDT members, the RMN facilitates MDT meetings, Care Programme Approach meetings, and the Group Programme. Some RMNs are also trained to act as Site Coordinator for the whole of The Retreat.

### **Support Worker**

A Support Worker is a crucial and essential part of the Naomi nursing team. The role is to support other healthcare professionals within the team, and the Support Worker plays a valuable part in delivering patient care.

### **Occupational Therapist**

The role of the Occupational Therapist involves using a range of meaningful occupations to enable individuals to achieve a positive balance and structure that increases independence and supports recovery and wellbeing. The Occupational Therapist plays a crucial role in helping individuals transfer skills learned on the programme into everyday life in the community.

### **Physiotherapist**

The Physiotherapist works with the team to help support you with your physical needs. This includes: supporting you on bed rest to help prevent DVT's (deep vein thrombosis), education and advice about posture, assessment and treatment of orthopaedic problems, treatment of physical conditions related to your illness and help with gradual strengthening and conditioning of muscles to prevent future musculoskeletal injuries. The physiotherapist will help to agree appropriate activity levels at all stages of the program including supporting you to start and manage a meaningful, healthy approach to exercise as well as helping you to address and manage over exercise.

### **Physiotherapy Technical Instructor**

The Physiotherapy Technical Instructor works under the supervision of the Physiotherapists to help you with your physical health needs. This may happen in groups or on a one to one basis.

## **Senior Social Worker**

The Social Worker works as part of the multidisciplinary team, contributing to your Recovery and Well-being plan, under the Care Programme Approach. You can discuss with the Social Worker any issues around childcare, family support, housing and financial needs, access to benefits, support on discharge, or your rights under various legislation, for example the Mental Health Act. You can ask the nursing staff to make a referral and the Social Worker will then contact you to arrange a meeting.

The Social Work team at The Retreat are the central point for safeguarding concerns to be raised. You can ask to speak to a social worker about safeguarding at any point throughout your admission.

## **Involvement Worker**

The Involvement Worker's role is to support you to get involved in your own care, service and organisational developments and with the involvement strategy at a regional and national level. You can ask the nursing staff to contact the Involvement Worker and they will come and see you to arrange a meeting.

## **GP**

Twice a week we have a visit by a GP who provides additional support for physical-related issues.

## **Assistant Psychologist**

Under the supervision of the Clinical Psychologist, the assistant psychologist will use standardised questionnaires to help monitor your psychological well-being. The role also includes group co-facilitation and individual work (such as relapse prevention).

## **Advocacy Service**

There is an independent Advocacy Service at The Retreat. Appointments can be made with them and they will assist you to raise any issues they have and explain any decisions. They are usually available to attend multidisciplinary team meetings if you would like their support.

## **Quaker Chaplain - *Meeting spiritual needs***

The Retreat has a long tradition of respect for the spiritual needs of the people who use our services. Our Quaker Chaplain can help make sure that your needs are met.

## ***What is a spiritual need?***

At The Retreat, our shared understanding of spirituality is, 'what uplifts us, what makes us whole, what connects us'. This can be expressed in any aspect of someone's life. It may be:

- Finding ways to express your feelings through music, art, poetry, prayer, or discussion.
- A need to make sense of what is going on in your life, to talk about hopes and fears, or to explore feelings of loss, joy or sadness.
- For some people this may be about attending a place of worship, such as a church, mosque or synagogue, or observing certain religious practices, for example eating a special diet.
- Simply having a friendly chat over coffee.

### ***What else does the Quaker Chaplain do?***

- She has contacts within other churches and faith groups, and can arrange for someone from your faith to meet with you, and can help you find a local place of worship.
- She edits The Retreat's magazine, The Oracle, which is produced three times a year.
- She supports hospital-wide activities such as art projects, yoga, gardening and other uses of the grounds, such as our lawn labyrinth: ask her for more information about any of these.

### 3.7 Guidelines for Nursing Interventions

#### Timing, Frequency and Duration of Nursing Interventions:

In the early stages of the programme your named nurse (and in their absence your associate named nurse) will support you to ensure that you have 2 planned interventions of up to 45 minutes booked in per week. Only one intervention needs to be with your named nurse (or your associate in their absence). The other one should ideally be with the support worker on your team or another member of the nursing team. If your named nurse is on leave/nights then it is their responsibility to arrange for the associate nurse to step in and to handover the intervention work you are doing together so that this can be continued where possible. Planned interventions will be entered in the unit diary so that the nurse in charge can plan the shift effectively and the staff team will do their best to ensure that this time is protected. Planned interventions should not be booked in the evenings. If you are in crisis/struggling in the evening then a brief, focused 15-20 minute skills coaching intervention will be offered to you.

We recognise that for some people asking for help and booking in interventions are skills that you need support to develop. It will take time for you to build relationships and trust with staff and having regular interventions in the early stages will support this process. As time goes on, you will be expected to take more responsibility for scheduling your nursing interventions weekly. The timing of this should be decided on an individual basis by you in collaboration with your named nurse. It is good practice you to book in your next intervention at the end of each intervention.

Clients and staff should meet for planned interventions by the chairs outside the therapy rooms in the work zone. If you cancel or miss your planned intervention then the staff team are under no obligation to reschedule it during that week. This will be documented on your MDT feedback form so that it can be discussed in your MDT meeting.

#### Scope and Boundaries of Nursing Interventions:

It is important that nursing interventions have a clear goal and an agenda is agreed collaboratively with you at the beginning of each intervention. It is also important that interventions are time-limited and the length of the intervention is made clear at the start (e.g. 30 or 45 minutes). Any in depth exploratory work belongs in therapy sessions only. You will be asked to bring any work about difficult past experiences to therapy and your therapist will be advised about this.

Any specific pieces of focused CBT work (e.g. exposure work for anxiety problems, body image related work) may be carried out with a member of your nursing team with your agreement and the agreement of your therapist. This is to ensure that the work complements the work you are doing in therapy and to avoid you becoming overburdened with homework tasks.

Your therapist and named nurse will aim to meet regularly to coordinate intervention work. Your Named nurses and named support worker will also aim to meet on a monthly basis to ensure their intervention work with you is coordinated.

Agenda items that are appropriate for nursing interventions consist of the following:

- Orientation to the programme e.g. boundaries, the programme timetable.
- How the CPA process works and support to prepare for CPA reviews including writing a summary and goal-setting.
- Promoting self-care and healthy sleep routines.
- Developing a crisis plan.
- Developing a night plan.
- Reviewing dining room feedback sheets and addressing eating disorder safety behaviours identified in the dining room.
- Reviewing and evaluating progress up the pathways and identifying pathway goals.
- Evaluating leave, meals out and other programme-based activities.
- Risk assessment.
- Creating and updating Recovery Plans.
- Support to learn essential basic CBT skills: hot cross buns, thought records, mindfulness skills, distress tolerance and grounding skills.
- Support to complete and review chain analyses.
- Specific focused pieces of CBT work agreed by and carried out in close collaboration/consultation with your therapist.

#### Checklist for Effective Planned Interventions:

- What do you hope to achieve from this intervention?
- Are you sticking to the agenda/issue you wanted to discuss?
- Is it time-limited?
- Can you identify an unhelpful thought or behaviour which you could work on?
- Are you being goal and/or solution-focused?
- Are you actively engaging in the session?
- Are learning how to problem-solve as opposed to having someone solve problems for you?
- Are you learning something that you can use again in the future (are you in training to be your own therapist?)



## 4.0 How We Manage Risk

### 4.1 Naomi Code of Conduct

We recognise that in order for a community to be comfortable and safe there is a need for rules and boundaries. These are based on common sense and are for the common good of the community. Staff and patients need to be informed of what these are and the consequences of breaking the rules/boundaries.

Being part of a safe and recovery-focused community imposes certain responsibilities upon us all. Taking these responsibilities on involves us behaving in a constructive and supportive manner to those around us, including:

- Speaking calmly, without raised voices wherever possible.
- Listening respectfully to each other's opinions.
- Being open and honest, apologising when necessary, and being prepared to make whatever amends are necessary if things go wrong.
- Recognising that some people struggle in silence and remembering that everyone has their own individual needs.

Additionally, as a client, you should aim to:

- Take responsibility for your own recovery.
- Keep in mind that, although everyone is struggling, your needs for recovery should be your priority.
- Recognise that this might not be the right time or place for recovery, but that this does not mean you have failed.

Patients and staff aim to model the values that the organisation holds dear. These are: courage, equality and community, honesty and integrity, hope, peace, and care for the environment.

### 4.2 Rules and Boundaries

#### Oral Refeeding

Oral refeeding simply means eating food (in the normal way). For many clients, this is very challenging, especially in the first few weeks. You will be supported by staff and peers through this process but it will be your responsibility to adhere to the programme boundaries. These include eating all meals and snacks without using safety-behaviours (e.g. separating food, using excessive condiments, eating in a rigid order) and remaining in the dining room until everybody has finished eating. Generally, we expect clients who are aiming to restore weight to do so at a rate of 0.5kg – 1kg per week. If the MDT have concerns about your rate of weight restoration, your meal plan and level

of physical activity might be reviewed. In some instances, a spot weigh-in (an unannounced weigh-in) might be required.

### **Alcohol and Illegal Drugs**

We adhere to The Retreat's policy on drugs and alcohol. There is a 'No Alcohol or Illicit Drugs' policy on the unit. Drinking in a harmful way is considered a self-defeating behaviour (see below). Drinking on leave is discouraged. Anyone returning to the unit intoxicated will be asked to remove themselves from public areas; they will be asked to reflect on their behaviour and the reasons behind it and to repair any damage to relationships within the community. Depending on the circumstances, the community team and fund holders might be made aware of the situation and discharge back to the community might be considered.

Illegal drug taking is not tolerated on Naomi under any circumstances and will result in the police, community team and fund holders being informed and the person(s) concerned being discharged from the unit.

### **Self-defeating behaviour**

A self-defeating behaviour is a behaviour that may help you to escape from, or cope with difficult thoughts and feelings in the short term, but causes harm to your mental and/or physical health.

Self-defeating behaviours (such as self-harm, abuse of drugs/alcohol, refusal to eat, bingeing, purging) are not to be discussed in secret between patients except to support each other to bring the struggles to the attention of the group. If you use a self-defeating behaviour, then you are expected to be open and honest about this and discuss it with the community in the next available group. You will also be asked to complete a chain analysis, which is a tool to help you reflect on your behaviour and identify learning points, and to share this with the community. You are expected to actively work towards stopping these behaviours and replacing them with healthy coping strategies. If you are unable to demonstrate a commitment to addressing these behaviours then an emergency meeting might be called and the potential for discharge considered.

### **Impulsive departures**

The central therapy programme runs from Monday to Friday. You are expected to attend the whole programme unless you have a specific agreement with the group. Leaving the unit at other times must also be planned and discussed with the community and staff team.

We will use the following steps to ensure that your safety and recovery is safeguarded:

- If you are observed to leave the unit in distress, staff might attempt to take reasonable measures to check whether you are okay (like calling your mobile).

However, consideration will be given as to whether this reinforces unhelpful patterns of behaviour.

- If staff believe there is an immediate risk to life, The Retreat Missing Persons Procedure will be followed.
- If you do leave the unit in distress you should make contact and return to the unit as soon as possible. You must let us know if you make a decision not to return.
- When you return to the unit a member of staff will see you briefly and ask you to complete a chain analysis as a way to look at what happened and to find more effective ways to cope in future. All incidents of this type will be treated sympathetically and as a learning opportunity.

Overnight leave can be requested via the MDT meeting as you progress through the programme; it is then planned and evaluated with staff and peers. You should inform the community as far in advance as possible, to avoid impulsive departures and anxiety on the part of others. Please note that we need at least three days notice in order to arrange medication for leave.

### **Violence and aggressive behaviour**

We cannot tolerate violence of any sort on the unit. Violence to others will lead to discharge at the earliest possible moment. Physical or verbal threats to patients, staff or others will be treated very seriously, and will normally lead to you being asked to discuss this in an emergency meeting with the community to seek a way forward. In extreme circumstances where violence is threatened or occurs, or the threat of self-harm is severe, you could be restrained. Police may be called to help deal with a dangerous situation. Our aim is to safely contain things until we can work through it together.

### **Respect for property**

If you cause damage to Naomi unit property or that of a fellow patient, you will be asked to pay for its replacement or repair. Please do not take property that does not belong to you.

### **Emergency community meeting**

Where there is a high level of concern amongst staff or patients regarding an incident that has occurred, or may occur, two or more members of the community (staff or patients) may call for an emergency community meeting. This is an opportunity to use the combined resources of the group to problem-solve an issue or reduce conflict.

## 5.0 Other Issues

### 5.1 Confidentiality

While the group must be able to discuss anything that happens in the unit, it is important to remember that the work of the group is confidential. We want people to feel safe to talk about experiences which they may have kept secret elsewhere. Do not pass on anything you learn about people's lives to others outside the programme.

The staff team need to share information we have about you amongst ourselves, and must talk with the team who referred you to the programme to ensure they can carry out their part of your care. We work to ensure that we only share the information necessary for your best treatment. We will involve you, wherever possible, in decisions about when, where and with whom information about you is going to be shared and used.

We try to involve families and carers as much as possible, but we will not talk to them without your knowledge. There may be reasons why we should not talk to or involve particular people: please make sure we know if this is the case. If there is a life-endangering crisis, we will inform your next of kin unless there are clear written directions to the contrary.

We do not restrict people's right to use mobile phones, however, please be aware of the following boundaries around their use on the unit:

- Do not take photos of people without their express consent.
- Do not take phones into groups or the dining room.
- Be mindful of having private conversations in communal areas.
- Be aware of noise.
- Do not include information or photos of anyone on social networking sites without their express consent.
- Be thoughtful about the use of text messaging and social media. We strongly encourage everyone to use direct face-to-face communication when they are on the unit and ask that all forms of communication are constructive and recovery-focused.

### 5.2 Visiting Policy

- Visitors are allowed on the unit, but we ask that you are considerate of other patients' needs, and respect the fact that all visits are at the discretion of the staff team. If the staff have any concerns about someone visiting, they should explain this clearly to you.
- The Retreat has a Family Room which can be booked for when family, friends and carers visit.

- We ask that visitors do not go directly into your bedroom without first consulting with staff.
- Children are not allowed on the unit. All visits with children must take place in the Family Room and with agreement of the nurse in charge of that shift. If staff have any concerns about a child visiting, they should explain this clearly to you.
- Proposed visiting hours are 9.30 am until 9.30 pm. However, we request that visits do not disrupt your therapeutic programme (especially mealtimes), or your need for time and individual space to unwind from the day.
- You are responsible for your family members, friends and carers, when they do visit the unit. Disruptive visitors will be asked to leave.

### 5.3 Bedroom access and belongings

All people have the right to personal space and privacy. In order to meet this need, the following process is implemented:

- All bedrooms are fitted with a Yale lock.
- Individual patients will have access to appropriate keys at all times, unless it is deemed unsafe for the patient at a particular time.
- All patients are encouraged to take responsibility for the safe-keeping of their own key.
- Staff will always knock and wait for your response before entering your room.
- All rooms have a lockable cabinet.
- While we will do everything we can to ensure the safety of your belongings The Retreat cannot take responsibility for any items which are not handed in.
- When you leave please take all your belongings with you. Anything left behind will be kept in storage for a maximum of two months then disposed of or given to charity.
- The variation in the design and location of the bedrooms on Naomi allows us to cater for a variety of physical health needs and to facilitate physical health monitoring. Because occupancy and physical health needs are dynamic processes, you might be asked to move bedroom on occasion; we will support you with this and attempt to minimise disruption as much as possible.

### 5.4 Chaperone Protocol

There may be occasions when you are in need of a physical examination, or an intervention, of a personal nature.

If this need is identified, a member of the Naomi team will discuss this with you and ask for your preference regarding the presence of a chaperone. If you consider a chaperone to be appropriate then, wherever possible, your preference will be taken into

consideration. Special consideration will be given to the relationship with the member of staff, gender issues and the urgency of the intervention.

The nurse in charge of the shift will be responsible for co-ordinating the facilitation of any requests.

## 5.5 Complaints Procedure

If you have a complaint, we want to know about it.

Anyone can make a complaint about the services provided by The Retreat. If you feel strongly about something, it is important that you have the opportunity to have your voice heard.

- You can tell the Clinical Team Manager, a nurse, or an advocate.
- You can also make your complaint in writing (please address your letter to: The Risk Manager, The Retreat, Heslington Road, York. YO10 5BN).

It is important that you make your complaint as soon as possible.

Many complaints can be resolved at the time of making them. If further investigation is needed you should expect to see a full reply within five weeks.

## 5.6 Finances

It is important to be aware that when you are admitted to Naomi it may be that you are not able to leave the unit or the hospital grounds for some time (depending on your level of risk physically and/or psychologically). The Retreat does not have a cash machine on site and therefore it is important to consider how you will access your money and make any purchases during the initial part of your admission.

We ask that you do not share your card (debit, credit or store cards) or bank account details with other patients under any circumstances. The staff team also discourage the exchange of cash between patients. If when admitted to Naomi you need a safe place to store money, The Retreat offers safe storage of cash within its finance department. Electronic transfers of money can also be made to the finance department prior to or on admission and you will be supported by staff to withdraw your money and to purchase anything you need, as and when required. However, please note this is not a banking service and, therefore, no interest is accrued if you use this service.

You will also be given a lockable storage unit in your bedroom where you will be able to store money safely.

If you need additional support in relation to your finances you can ask to speak to the unit Social Worker.

## 5.7 Outcome Measures

Outcome measures are self-report questionnaires that allow us to monitor changes in difficulties such as depression, anxiety and self-esteem. Although they do screen for recognised psychological disorders; their primary use is to provide insight and understanding, and to prompt conversation with you about any current difficulties you are experiencing. You will be asked to complete a pack of outcome measures at assessment, on admission, before CPA reviews, on discharge and, at three month intervals for twelve months after discharge (providing you consent to this). You will meet the Assistant Psychologist to discuss the outcome measure data prior to each CPA review and you will be encouraged to reflect on any patterns in the data. Outcome measures data is also used at a service level, anonymously, to demonstrate the effectiveness of our service to funders and stake-holders; consent for this will be sought at admission.

## 5.8 Managing Physical Risk

Your physical risk is determined by many different factors. When you are first admitted you will be regularly monitored in terms of physical observations (blood pressure, pulse and temperature) and blood tests. The results of these tests will determine your level of physical risk and the plan for reducing your risk. It is common for people to be on bed rest when they are first admitted. This involves regular physical monitoring and a focus on conserving energy as much as possible (for example, spending most of the day laying down or sitting with your legs elevated in a bed or on a sofa). This can be a frustrating time as progress can be slow in the first few weeks as it takes time for increased energy intake to improve bodily functions by repairing internal organs. Therefore, we suggest you bring plenty of things to keep you busy, whilst resting (e.g. distraction items, comforters, arts/crafts, DVDs, games etc.).

## 5.9 Requesting Access to Health Records

Every living person (or their authorised representative) has the right to apply for access to their health records irrespective of when they were compiled. Any request for access to health records should be made in writing using the "Application for Access to a Patient's Health Records Form". You can ask any member of staff for this form (it is located in Appendix A of ITM 06 1.1 Access to Health Records).

Supporting information/evidence is required when making the application (details of this are included on the application form). Once the Medical Records Officer or their deputy has all the relevant information (and a fee has been paid, where relevant), they should comply with the request promptly and by no later than 40 days after the completed application and accompanying evidence is received.

It is possible that your request will be denied, for example, if release of the information could cause you (or someone else) serious physical or mental harm. You will be informed about the outcome of your request (and, if denied, the reason for this).



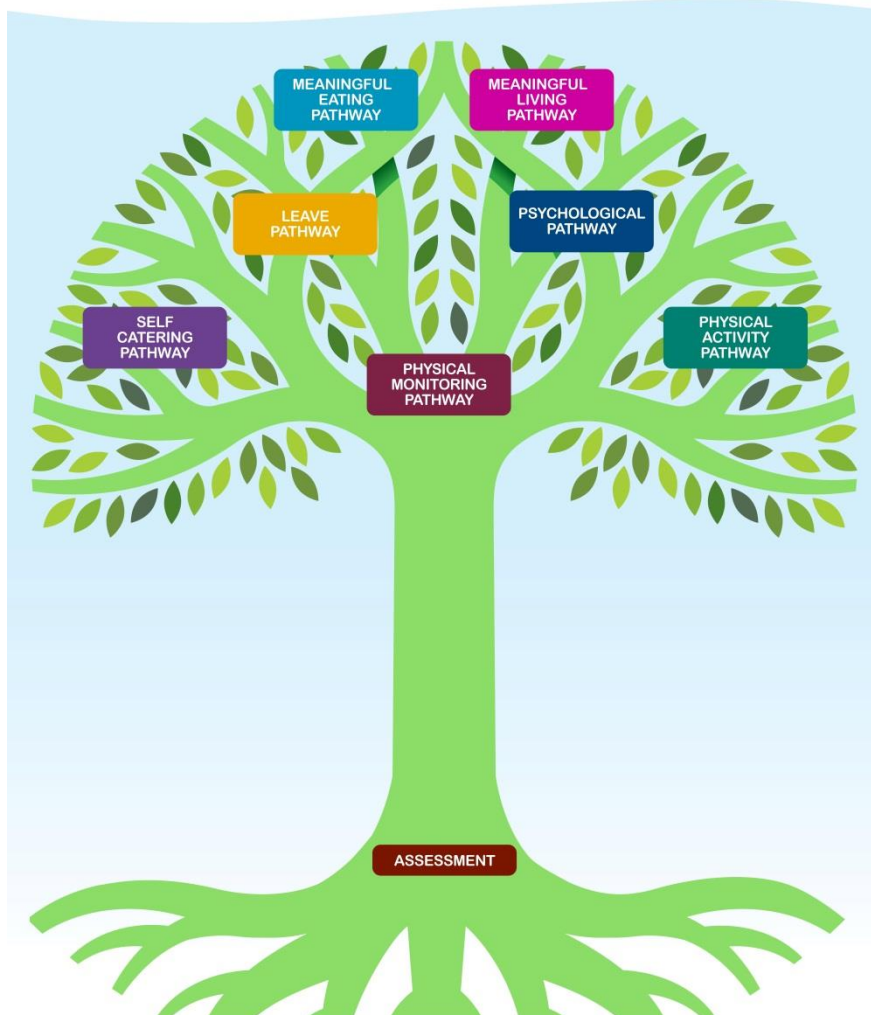
# Appendix 1 - Naomi Pathways to Recovery

Historically on Naomi, as well as other eating disorder units, guidelines based on BMI levels were used to decide what an individual could or could not do. This led to a graded approach to the admission with clear boundaries. However, this proved to be a rigid and problematic approach since attention was focused entirely on weight / BMI with no evidence base to support it. Additionally, not everyone at a similar BMI was at the same stage of recovery. We also noticed that the transition back home for individuals was poorly managed and often came too late in the programme.

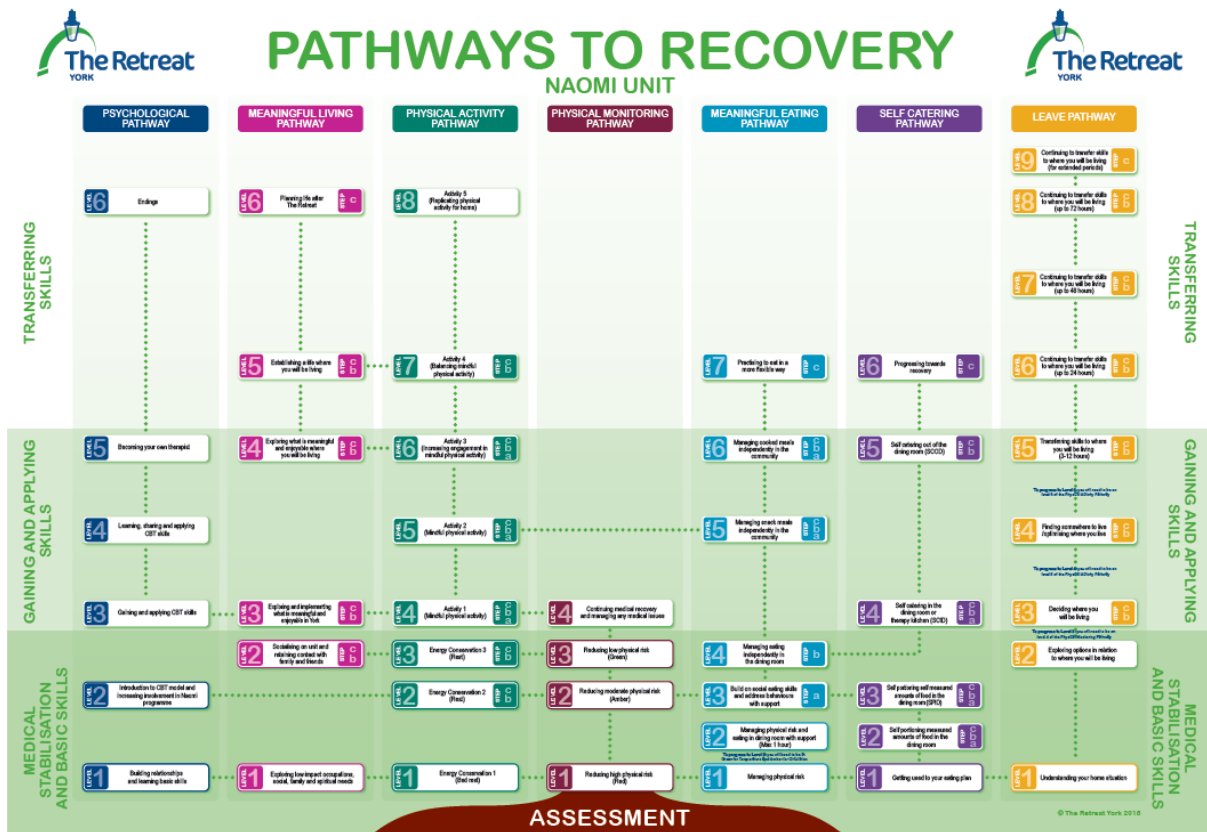
## Development of the Pathways

In attempt to resolve some of these issues, a small multidisciplinary group, in conjunction with the people that use the service, began to map an individual's journey through recovery, identifying the many different strands and stages along each strand. The recovery journey ended up looking a lot like a tree, with the branches representing a different theme and assessment resembling the roots of the tree.

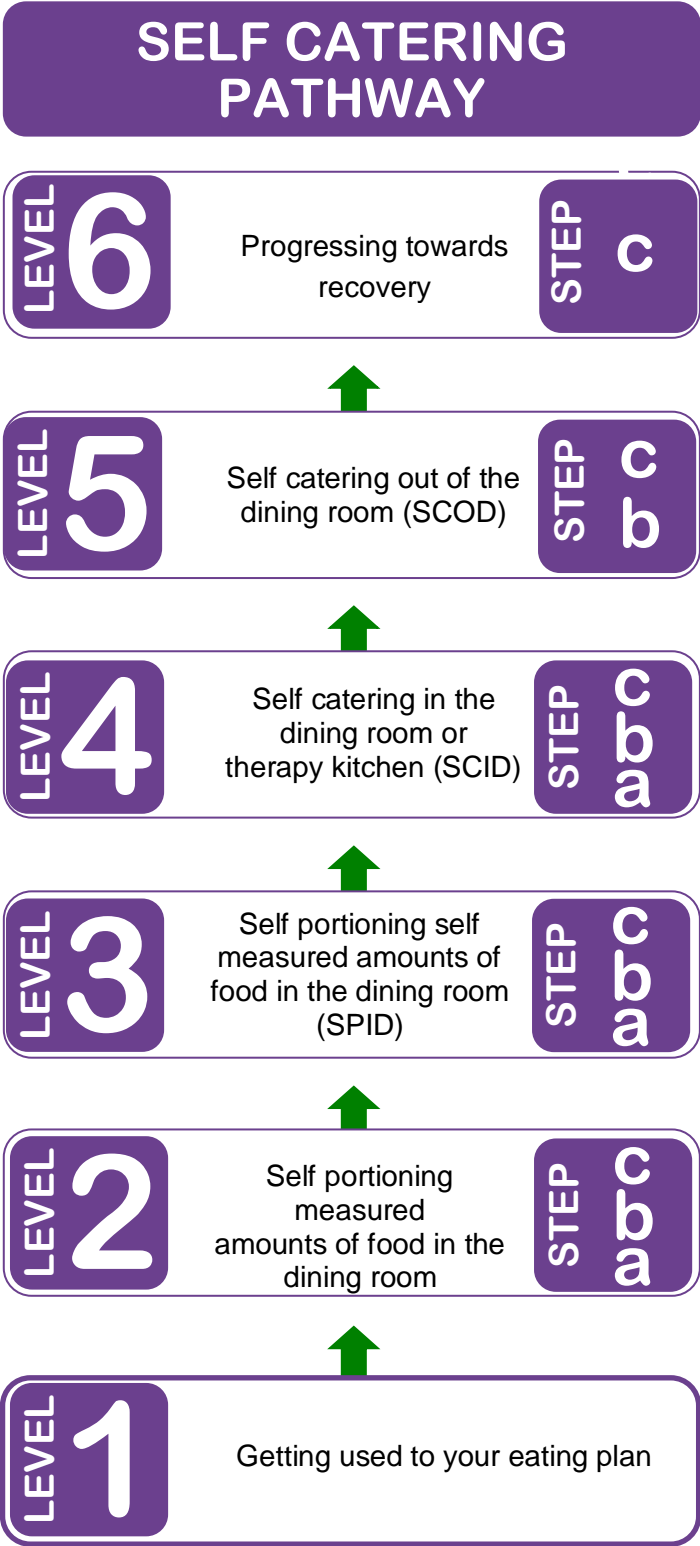
### Pathways to Recovery Naomi Unit



Various levels were identified within each branch, which allows individuals to progress in a goal-focused way in that particular aspect of their recovery. We also noticed that progression to the next level for one pathway would depend on progress in another pathway. This is summarised in the following table with the connections depicted by a green dotted line.



An example branch/pathway is outlined below, so you can see how someone may progress along the pathway. Some levels have steps to help you to progress, in a graded way, from planning, undertaking and evaluating with staff to doing this independently.



Progression along each level of a pathway is agreed in an MDT meeting each week. However, individuals are required to plan and evaluate, initially with staff support, how they are going to challenge each stage and present this to the MDT meeting. Individuals then move to planning and evaluating on their own, but with staff feedback, until eventually they are able to plan and evaluate independently as they move towards becoming their own therapist.

Retracing Steps (movement down a pathway) may occur if it is identified that the individual is not managing a particular level. Some of the following may indicate that this is the case:

- Non-attendance of programme/absconding
- Non-engagement/breaking boundaries
- No weight restoration/weight loss

It is worth noting that the assessment process identifies where an individual is on each pathway, as not everyone commences at level one.

The Pathways to Recovery model is divided into three over-arching sections:

- Medical stabilisation
- Gaining skills
- Transferring skills

Different levels of each pathway fit into these three distinct phases. To progress on one pathway, an individual needs to be ready to move into a new phase for all the pathways, which prevents them from progressing in only one aspect of recovery.

### **Evaluation of the Pathways**

We launched the Pathways to Recovery in August 2010, having completed a pilot study.

We have evaluated the Pathways by means of a qualitative study carried out independently by Sarah Marley, Trainee Clinical Psychologist at The University of Leeds. This evaluation demonstrated that the Pathways to Recovery were considered to be useful and acceptable to the patients on Naomi. On the basis of these findings we decided to adopt the Pathways to Recovery as our treatment programme.

In 2015, the Pathways to Recovery model was re-evaluated, revised and enhanced through extensive consultation with patients, family members/carers and staff.

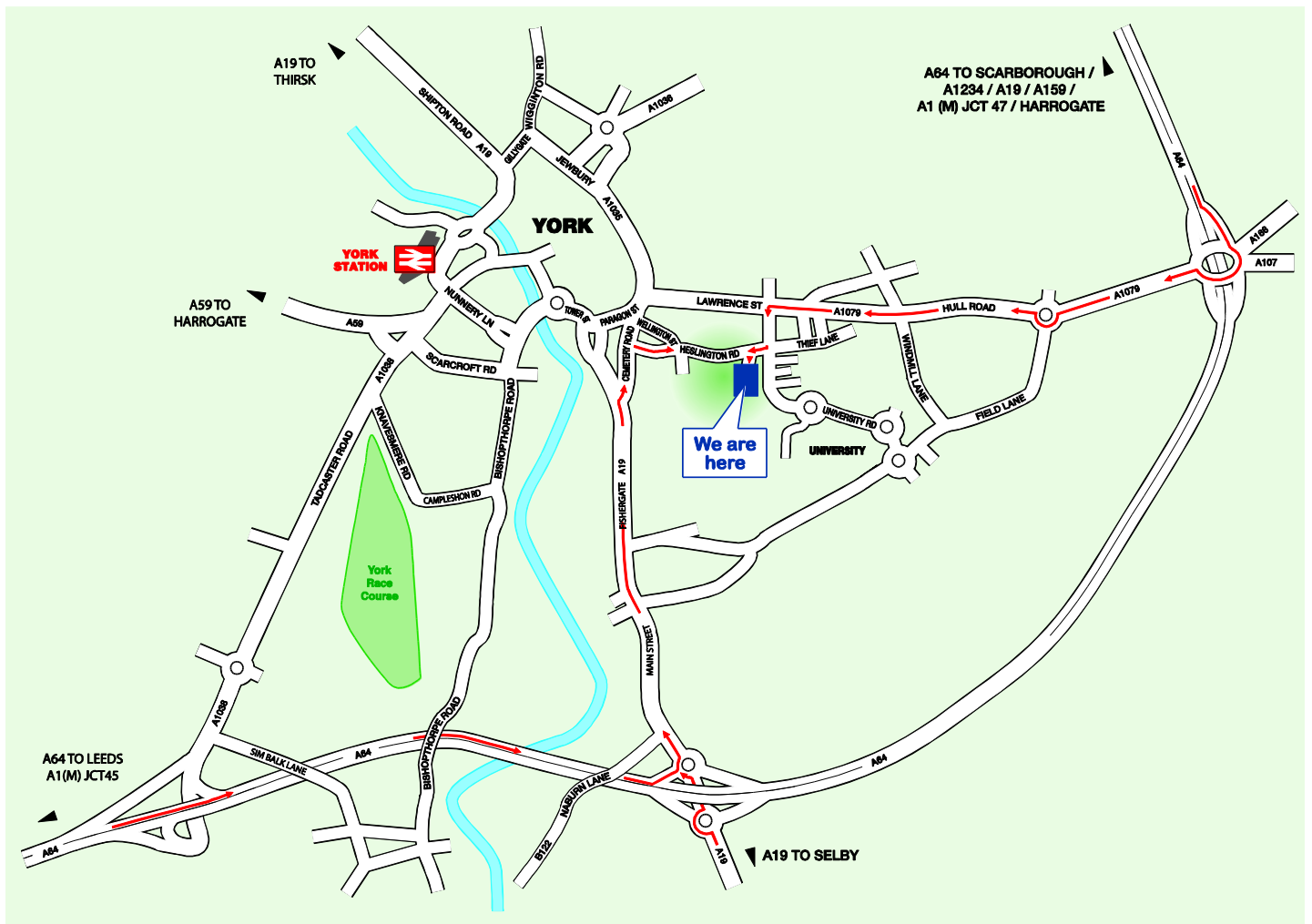
You will be supported by the team to understand the pathways and you will receive a written guide upon admission.

## **What to Expect when you Arrive (an approximate guide)**

- **10am – Welcome to Naomi – Meet the team & settle in.**
- **11am – Appointment with GP for physical health check.**
- **12 noon – Meet Dr Andrea Brown the Consultant on Naomi.**
- **12:30 – Lunch and post meal support.**
- **1:30pm – Complete the admission assessment with a member of the nursing team. (This will include unpacking with support to ensure you have no items that would place yourself or others at risk)**
- **3:45pm – Start of Week Group. This is an opportunity to meet the community (this is dependent on your physical wellbeing).**
- **5:30pm – Tea and post meal support**
- **The dietitian will meet you on your first day to discuss your eating plan and your fluid plan.**







ISSUE VERSION: 0817

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