



The changing landscape of mental health rehabilitation

**Challenges faced adapting to recent
guidance**





Introduction



The CQC published their findings from inspections of specialist mental health services – “The state of care in mental health services 2014 to 2017” The report highlighted several wide ranging issues across independent and NHS locked rehab services.





STURT HOUSE

Sturt House is part of Elysium Healthcare, an independent healthcare provider. Sturt House is a locked rehabilitation unit, which offers a recovery-orientated treatment programme for men. Service users admitted to Sturt House may have come from acute services or from secure provision, have complex challenges and would benefit from treatment, rehabilitation and recovery in a locked unit where security is a combination of procedural, relational and physical. Most of the service users are admitted to Sturt House as the least restrictive environment as they don't meet the threshold for low secure, but they may have a forensic history or be under Ministry of Justice restrictions, with some having failed in open rehabilitation units. Most service users admitted to Sturt House have been turned down by NHS units, due to their challenging and complex needs.



Issues identified in locked rehab

- Providing care that is over-restrictive not tailored to each person's individual needs
- Old buildings – not suitable to meet needs of patients
- Staff shortages / lack of training
- Outdated / institutionalised care
- High number of patients in 'locked rehab' wards a long way from the patients home
- Locked rehab wards are long stay wards with institutionalised patients rather than step-down
- Not employing staff with the right skills
- Poor clinical information systems – clinical records
- Restrictive practices and “blanket rules”



What challenges are your service facing with the issues highlighted by the CQC?



Challenges for Sturt House, how we are/will overcome them

Challenges

- The building
- Recruitment
- Patients out of area
- Restrictive interventions
- Poor information systems
- Staff skills and training
- Long-stay patients

What we are doing

- Spending money on improving the building / bedrooms/ dining room/ airlock/ bedroom refurbishment/ gym
- Locums, recruitment marketing drive
- Discharge planning starts on assessment. Care plans on discharge planning. Integration back into home area via visits and regular contact with local teams through meetings etc.
- Collaborative restrictive practice database. Focus on relational security and verbal de-escalation and not restrictive interventions
- On-going improvements in IT
- Staff training packages
- Referrals / pathway meetings looking at our service user group and plan moving them on



Elysium Healthcare Dashboards & Compliance Reports Directory

This document has been devised to as an easy reference guide to help you understand the numerous reporting tools available to you. Each column indicates which of our Teams are most likely to access them. The guide is split into 23 sections, scroll down the page to view the reports available under each section.

- Section 1: Meaningful Activities
- Section 2: Clinical Notes
- Section 3: Bed State and Patient Movements
- Section 4: CPA
- Section 5: Length Of Stay
- Section 6: Assessments and Measures
- Section 7: CQUIN and Contract Compliance
- Section 8: Incidents (IRIS)
- Section 9: Observations
- Section 10: Seclusions & LTS
- Section 11: Leave
- Section 12: Learning and Development ***Pre December 1st 2016***
- Section 13: Learning and Development ***Post December 1st 2016 - Coming Soon***
- Section 14: Complaints
- Section 15: Path Nav
- Section 16: Ward Quality Accounts (Ward To Board)
- Section 17: Clinical Audits
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Section 1: Meaningful Activities

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Safe Staffing Data Collection

Sturt House / Sturt House

Reset Location

Day Shift 14-05-2018

Day shift information should be submitted between 07:30 and 11:00, Night shift information should be submitted between 16:00 and 21:30.

Nurse / senior staff member in charge of shift:

Please enter head counts for the number of staff on duty:

Nursing	Actual Staff on Duty													
	Planned	Permanent		Bank		Ad-hoc Agency		Locum Agency		Total Staff		Difference		
		M	F	M	F	M	F	M	F	M	F			
												0	0	0

HCW	Actual Staff on Duty													
	Planned	Permanent		Bank		Ad-hoc Agency		Locum Agency		Total Staff		Difference		
		M	F	M	F	M	F	M	F	M	F			
												0	0	0

Save Data

Expectations (Five year forward view for mental health published in 2016)

- People have easy access to high quality care close to home
- Patients can have a choice of interventions
- Services are challenging stigma – initiatives to promote mental health
- Ending out of area placements
- Integrating physical and mental health care
- Well – led services, clear visions and strategy for delivering the highest standard of patient care
- Patients are the centre of everything they do

Mental health nurses trained in physical health interventions



How we are going to meet the expectations set

- People have easy access to high quality care close to home
- Integration back to home area through visits and assessments such as transport assessments, looking at voluntary work / educational courses close to their home area. Encourage social integration
- Service users can have a choice of interventions
- Psychological therapies tailored to the patient's individual needs / choice. What suits / works for them E.g. UMPG or RISE
- Services are challenging stigma – initiatives to promote mental health
- Mental health awareness week and other events
- Promoting independence-self-catering rooms, travel assessments, voluntary work, support with education, RWO
- Integrating physical and mental health care – physical health care strategy with service user involvement / ideas, Mission Fit, Dietician working in collaboration with the chef on healthy menus
- Well – led services, clear visions and strategy for delivering the highest standard of patient care. Governance structure-golden thread
- Currently writing our vision / mission statement – with service user involvement during mental health awareness week through word board. Management structure, dashboards, safe staffing, outcomes
- Service users are the centre of everything we do
- Service users help write their care plans, chair their CPA's, and are involved in their risk assessments. They also have service user forums with Advocates,
- Mental health nurses trained in physical health interventions



QUESTIONS/COMMENTS

