



# Rosewood Operational Policy

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Type of document	Policy
Target audience	All clinical staff
Document purpose	Give an overview outlining the documents aims

Approving meeting	West Locality Governance and Risk Meeting	20-Nov-15
Implementation date	01-Dec-15	

CWP documents to be read in conjunction with	
<a href="#">CP35</a>	Physical Health Pathway Policy
<a href="#">CP5</a>	Clinical Risk Assessment Policy
<a href="#">CP42</a>	Care Planning (CPA and Standard Care)
<a href="#">CP1</a>	Admission Discharge Transfer Policy
<a href="#">HR22</a>	Supervision Policy
<a href="#">CP3</a>	Health Records Policy
<a href="#">GR06</a>	Fire Safety Policy
<a href="#">CP28</a>	Nicotine Management Policy
<a href="#">MP1</a>	Medicines Policy
<a href="#">GR37</a>	Management of Illicit Substances within CWP premises Policy

Document change history	
What is different?	New document
Appendices / electronic forms	
What is the impact of change?	

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Document consultation	
West locality	Rosewood Ward Manager, Rosewood Clinical Leads, Rosewood Specialist Occupational Therapist, Rosewood Modern Matron, Rosewood Deputy Clinical Service Manager

Financial resource implications	None
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External references	
None	

<b>Equality Impact Assessment (EIA) – Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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## 1. Policy Statement

Cheshire and Wirral Partnership NHS Foundation Trust is committed to the concept that people experiencing severe mental health difficulties should be treated in the least restrictive environment with the minimum disruption to their lives.

Rosewood Unit is a specialist intensive rehabilitation unit situated within Bowmere Hospital, Chester. Our purpose is to assist adult service users with serious and complex mental health issues to recover in a supported environment. Our staff are highly skilled in supporting in their recovery and the unit undertakes a Gatekeeping role for Rehabilitation services for the Wirral and West Cheshire localities. The unit consists of sixteen beds which are situated within gender specific areas on the ward. There is capacity on the Unit for ten male beds and 6 female beds, which are single rooms with en-suite facilities. There are a further two beds situated within self-contained flat lets.

In addition to inpatient bed provision we also offer the option of day case attendance to Rosewood Unit for individuals who have been assessed by Rosewood team as part of the gatekeeping process. This extended Service enables a six week assessment of needs for these individuals which adopts a collaborative and Multi-Disciplinary approach to the planning of ongoing care. In addition to this the Service User is able to orientate themselves to the Unit as well as begin to develop the therapeutic relationships required in their ongoing care.

Rosewood has a “A whole systems approach to the recovery from mental illness which maximises an individual’s quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support.”

A mental health rehabilitation service provides specialist assessment, treatment, interventions and support to enable the recovery of people whose complex needs cannot be met by general adult mental health services. These services aim to work with people to help them acquire or regain the skills and confidence to live successfully in the community. They focus on addressing and minimising the symptoms and functional impairment that people may have, with an emphasis on achieving as much individual autonomy and independence as possible. This includes optimal management of symptoms, promotion of activities of daily living and meaningful occupation, screening for physical health problems and promoting healthy living, and providing support and evidence based interventions to support carers.

Good evidence suggests that rehabilitation services are effective and around *two-thirds* of people supported by rehabilitation services progress to successful community living within five years, and around 10% achieve independent living within this period as reported in Guidance for commissioners for rehabilitation services for people with complex needs ([www.JCPMH.info](http://www.JCPMH.info)) Nov 2012.

## 2. Philosophy of Services

Rosewood adopts a recovery approach that values service users as partners in a collaborative relationship with staff to identify and work towards personalised goals. This will be achieved with the team adapting a MDT approach in collaboration with carers, families and other agencies. People presenting with serious mental illness and associated complex needs will be admitted to Rosewood.

## 3. Expected Outcomes

The Multi-Disciplinary Team will work collaboratively with Service Users, family and carers to develop a recovery plan which meets their individual need thereby supporting them in reaching their optimum level of functioning.

This will include the team working and other stakeholders, Social Services and Clinical Commissioning Group to transfer care to the most appropriate environment at the point of discharge.

The service users transfer of care will be arranged through the Integrated provider hub for West and CCG placement panel for Wirral with the following outcomes available for consideration as individually required:

- **Independent living** - service user will live independently, supported by appropriate professionals, e.g. Community Mental Health Team (CMHT) and forensic support services.
- **Supported living** – service user will live in supported living, with various degrees of support.
- **Return to family unit** - service user will return to family with appropriate support from professions.
- **Residential care** - The service users have reached their optimum level of functioning, and have been assessed as requiring 24 hour care.
- Or further step up to forensic services.

Service users will continue along the Care Programme Approach (CPA) Pathway.

Family and Carers are encouraged to remain involved throughout the admission & rehabilitation process and are always welcome to attend the Unit.

#### **4. Admission Criteria**

Service Users admitted to Rosewood Unit may have multiple complex needs that require intensive support.

Referral to rehabilitation services may be considered in various circumstances:

- When a person with major and complex mental health needs cannot be discharged from an acute ward but is unlikely to benefit further from an acute ward environment.
- For assessment of, and engagement with, a person with major and complex mental health problems who has become 'stuck' and non-progressive in their recovery.
- When there has been an erosion of therapeutic optimism within mainstream services towards a person with complex needs, which may be hindering their recovery.
- When a person is facing a transition from a highly supported setting to a less supported placement; this includes people leaving forensic or secure services, people leaving out-of-area placements, or leaving residential care to live in the community.
- When a person needs help in overcoming disabilities associated with severe and complex mental health problems that would benefit from a structured environment and intensive therapeutic programmes that are available on a rehabilitation unit.
- For care, support and treatment in environments which are rehabilitative and may be longer-term.
- For specific advice on assessment, diagnosis, risk, engagement, treatment, placement, care packages, and other aspects of individual care of people with major and complex mental health needs.
- More general advice about the needs of people with long-term conditions such as recovery-oriented practice and service evaluation for this client group.

## **5. Referral Process**

Rosewood are the gatekeepers for Wirral & West Cheshire Service Users and will offer an opinion in relation to the benefit of a rehabilitation placement following a comprehensive assessment of referrals to the Service. Any professional involved in care can make a referral into Rosewood Unit and it is necessary for a referral to be accepted by Rosewood Services through a referral form. All referrals are to be made through the administration team and contact is made through the ward directly.

## **6. Gatekeeping Process**

Following receipt of a referral the gatekeeping team will contact the referring team to arrange for the completion of a gatekeeping assessment. This assessment will be undertaken by two members of the Multi-Disciplinary Team from Rosewood Unit which will include assessment and discussion with the relevant referring professionals. The Multi-Disciplinary Team will aim for this assessment to be completed within seven working days of receipt of the initial referral. This assessment will be discussed within the team's referral meeting and following this the referring team will be advised of the team's opinion verbally. This will be followed up by a comprehensive report which will offer the rationale for decision making.

As part of the overall gatekeeping assessment consideration will be given to the option of Day case attendance to Rosewood Unit. If the team opinion is that an individual would benefit from day case attendance they will seek Commissioner Agreement for attendance on this basis. Following a successful approval a DST form would be required to access Rosewood & can be obtained from Rosewood or from the commissioners.

## **7. Admission Process**

New admissions to Rosewood Intensive Rehabilitation Unit will be met by a member of staff who will orientate them to the Ward environment and introduce them to the team. They will be allocated a keyworker who will work with them throughout their admission to Rosewood.

The Rosewood Key worker will process the admission in line with CWP's CP1 Admission and discharge from Hospital Policy, which includes a Doctor's assessment, Nurse Assessment, Waterlow assessment, alcohol audit and falls risk assessment. New Service Users will also be registered with a local General Practitioner to address their physical health needs and a local dentist. Any existing Health concerns such as diabetes management will be considered at point of admission with transfer of care being arranged to local Services if appropriate.

The Keyworker will inform the Service user of available activities and groups and community activities available on Rosewood and identify any particular interests or hobbies which the Service User may have which can be added to the Service user's therapeutic programme of activity.

The Key worker will ensure that the Mental Health Act Office are aware of the admission occurring and arrange for all relevant documentation to be directed there.

The role of the keyworker will be to undertake responsibility in the overall care provided as part of the inpatient rehabilitation admission. This will include robust and effective collaborative Care Planning, Comprehensive risk assessment and review of the Clinical Assessment of Risk to Self and others (CARSO) as reflected within the Clinical Risk Assessment policy CP5 and the review and update of Health of the Nation outcome measures (HONOS Secure) document.

In addition to this the keyworker should ensure that the Care Plan is developed in collaboration with the Service User to include identified risks within the CARSO, recovery star and other assessment tools as appropriate.

The gatekeeping assessment report should also be used by the keyworker and wider clinical team in the development of the CARSO summarised view of risk and in the development of the individualized care plan. This document also summarises the individual's involvement with services and risk profile.

This gatekeeping report should also be used prior within handover to ensure that all relevant information is shared and communicated within the team. It's the responsibility of the nurse in charge of each shift to ensure that this report is shared within handover meetings.

## **8. Step Down flat lets**

Rosewood Unit currently offers two step down flats as a resource for Service Users nearing discharge following a period of Intensive Rehabilitation on the Unit. These self-contained flats allow Service Users to live within a supported environment with full access to Rosewood staff and facilities but greater self-determination and choice in how they access this support.

At the same time the staff team will continue working with them to maintain a structured rehabilitation programme and to help them to make best use of this additional choice whilst providing a supportive environment and interventions if the consequences of such choices are leading towards increased inappropriate risks. This will enable the service users to work towards a successful discharge to the community providing a seamless care pathway for individuals accessing Rehabilitation Services.

## **9. Criteria/Protocol for use of step down flat lets**

At all times whilst a resident in the step down flats the service user will continue to be classed as an inpatient of Rosewood Intensive Inpatient Rehabilitation Unit which is part of Bowmere Hospital. Discharge planning is an integral part of care planning within Rosewood unit from admission onwards and will continue. Discharge from the flats to other services will only take place when such discharge is appropriate (or for informal patients if they exercise their right to be discharged against clinical advice) and will be planned and managed on the same basis as for any other Rosewood service user inpatient.

Discharge from Rosewood Unit will be a managed process designed to ensure service users are suitable for discharge and can receive ongoing rehabilitation support from linked services such as Community Mental Health Teams. Rosewood team will continue to work closely alongside MDT & the CMHT care coordinator to support them in identifying opportunities and risks and in putting together an appropriate after care plan tailored to the needs and strengths of each individual service user and their personal recovery plan.

Criteria for the step down flats (working towards discharge) will be based on:

- Reduction in symptoms
- Relapse management plans in place and agreed with service user
- Successful periods of unescorted community activity and community engagement (e.g. employment, occupational activity, daily living skills)
- Positive risk assessment and risk management plan, including specific consideration to the change of living environment which will include exposure to the many and varied increased risks associated with independent living.
- Assessed functional skills including cooking by Occupational Therapist that indicates suitability for more independent living.

Step down protocols will include full assessment of predictable future needs and agreement with the responsible CCG of specific discharge pathway and ongoing support from appropriate community-based teams, provided by Cheshire and Wirral Partnership Trust and appropriate Local Authority.

## **10. Security of step down flats**

Service Users transferred to the step down flats will meet the criteria as specified in section 9.1. Safety and security of the Service Users utilising the step down flats and beyond them the unit residents and staff and the general public is paramount. The exterior entrance to the flats will have Camera

operated television facilities which may be monitored by staff in the main ward office area on the female side allowing staff to monitor visitors to the flats.

Each flat has an inbuilt nurse call system that can be activated should assistance be required from staff. Each flat has a medication dispensing cupboard that can be accessible by staff and Service User if identified as appropriate following comprehensive risk assessment as directed by Medicines policy MP1. In a case of emergency the flats will be incorporated in relevant existing policies and procedures in situ for Rosewood Unit, i.e., Fire, PET team etc. The step down flats have been designed with the intention of increasing the likelihood of the service user making a safe and successful transfer to community living.

Service Users identified as being suitable for step down must agree to a number of conditions prior to transfer as follows:

- The Service User will take responsibility for any visitors to the flats (supervised by staff) and that they will not allow visitors to their flat after 19:00. In addition to this all visitors will be expected to behave appropriately and respectfully of the hospital environment and the needs of other residents and the public. Should they not behave in an appropriate manner they will be asked to leave the Unit.
- No use, storage or handling of alcohol can be permitted at any time in the flats or Hospital inclusive of hospital grounds
- No use, storage, dealing or handling of illicit substances can be permitted at any time within the flats or the hospital including the grounds. Random drug screens may be carried out as per individual's care plan if appropriate in accordance with the Management of Illicit Substances within CWP premises Policy GR37.
- As the flats will be part of CWP property they will comply with the Nicotine Management policy CP28.
- The external entrance/exit to the self-contained flats is operated by a fob system that has been designed to become inactive following 19:00 at night by Service Users however staff remain able to access the flats utilising key fobs via this entrance if required. The fob will then become active again at 10.30am following the Service user's attendance at the daily unit meeting. The service user will use intercom system to request staff assistance to exit the flat during these hours.
- Service users must accept staff intervention and allow access which can be obtained via joining doors between the main Unit and the step down flats. This joining door will be key fob controlled and staff will have programmed key fob's to gain access.

## **11. Treatment, therapies and rehabilitation opportunities within the flat lets**

Throughout admission to Rosewood Unit care provided is based on a Multi-Disciplinary Team framework. On transfer to the step down flats this approach will continue with Multi-disciplinary team input being individualised and appropriate to the care required for that individual.

Medical reviews by the Responsible Clinician will continue as required and each Service User will attend a CPA meeting on a 9 weekly cycle.

The transfer to the Step down facility will be identified within the Care Planning process which will be needs led and individualised.

Service Users will continue to work closely with an identified Key worker and associate key worker throughout their time in the step down flats engaging in their collaborative rehabilitation programme..

Service users will have increased domestic responsibilities which include maintaining a clean and tidy living environment, which will be monitored by staff. Any deficits or need for development of these skills will be addressed via an individualised care plan and staff support will be utilised if appropriate.

Service users will be self-catering and therefore allocated a weekly budget with which to purchase food. Any development needs or deficits will be addressed through an individualised care plan.

Should at any time issues of increased inappropriate risk or clinical deterioration or failure to comply with the agreed care plan occur then there will be an urgent review which could result in a change to the care plan, including but not limited to, return to the main part of the Rosewood Unit

## **12. Fire Procedure and Policy.**

Fire is a potential hazard in all NHS premises, hospitals, clinics, health Centre's and nursing homes which are also high life risks and high fire risk areas.

The consequences of fire in hospitals and other health care premises can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients, many of whom may be highly dependent

Evacuation procedures while residing in the step down flats will remain the same as those for the wider Unit and are directed by Fire Safety policy GR06.

## **13. MDT Working**

The Intensive Rehabilitation service works within an MDT framework to enable the provision of effective, comprehensive care to meet service user's needs in collaboration with service users and carers/families. The service will also work closely with other professionals involved in the service user's care and treatment. Meeting the service user's needs is the primary task of MDT working. The Intensive Rehabilitation service aims to work collaboratively in the provision of care.

There will be shared documentation via care notes & case notes.

Care co-ordinators and relevant providers will continue to be actively involved in the service user's care and will in-reach into the Units and attend a rolling programme of MDT meetings and CPA reviews in order to facilitate a seamless pathway of care and transfer to appropriate placements.

In order to work collaboratively there must be a shared vision and cohesion amongst team members. This could be enhanced by:

- Joint and specialist training
- Clear goals
- A good process for involving all members

## **14. Supervision**

Supervision will be undertaken in line with the Trust Supervision policy HR22 as it is essential that there is a well-defined and robust system of clinical supervision within the Intensive Rehabilitation service team. The staff teams within each unit will follow Trust policy and procedures regarding clinical supervision.

The Clinical Psychologist will provide supervision and consultation to other members of the MDT as needed. In addition to individual supervision, peer group supervision will be available. Joint management responsibilities are to undertake appraisal in line with the Knowledge & Skills Framework (KSF)

## **15. Link Roles**

Rosewood Unit has a number of link roles that staff undertake on the Unit. These include;

- Students
- Carer link
- Child protection/vulnerable adults
- Equality and diversity
- Health and safety
- Fire warden
- Clinical governance
- Infection control
- Physical health tissue viability and diabetes
- Smoking cessation
- Clinic/CPR trolley
- First aid
- Training
- Spiritual awareness
- M.A.P.P.A.
- Mental health act
- ECT
- Care notes
- Safeguarding
- Security

They represent the services at the meeting as they have the expertise in those roles. Training is available to support the staff in their roles.

## **16. Physical Health**

In line with the Physical Health pathway & policy CP35, we have developed working partnership relationships with local General Practitioner surgeries, Optometrists and Dental surgeries. As part of their admission Service Users will be encouraged to attend annual physical health reviews in addition to attendance at surgeries for routine physical health problems. Staff will support Service Users to register with a General Practitioner Surgery if they are not already registered with a surgery and on first review at the surgery will provide a documented history and health profile. Staff will also encourage Service Users to develop their skills in managing their own health needs with support as appropriate.

Time slots are allocated following the CPA for Service Users to be reviewed by the Multidisciplinary Team as required outside of the eight weekly CPA meeting

## **17. CPA Process**

Rosewood Unit adopts a Care Programme Approach (CPA) to support provided. Service Users are reviewed within CPA meetings which occur on a nine weekly basis. There is an MDT approach, Resident, carer, family, advocacy are all invited to attend the meetings Progress is discussed within the meeting with review of individual care plans and CARSO risk assessment documents. In addition to this Health of the Nation outcome scales are reviewed and updated.

The individual key worker is encouraged to attend the CPA meeting where possible. Following the CPA meeting it is the responsibility of the Nursing staff to update the Care Plan, CARSO and HONOS Secure to reflect the changes that need to be made following the review. Decision making and outcomes from the meeting should also be handed over to the wider team to ensure good communication.

## **18. Training**

All staff working within the Intensive Rehabilitation service will have an understanding of the basic principles of rehabilitation and recovery. They should be aware of the potential impact of mental illness on the life chances of service users suffering from mental illness. Specialised training will be identified through the staff personal development plan.

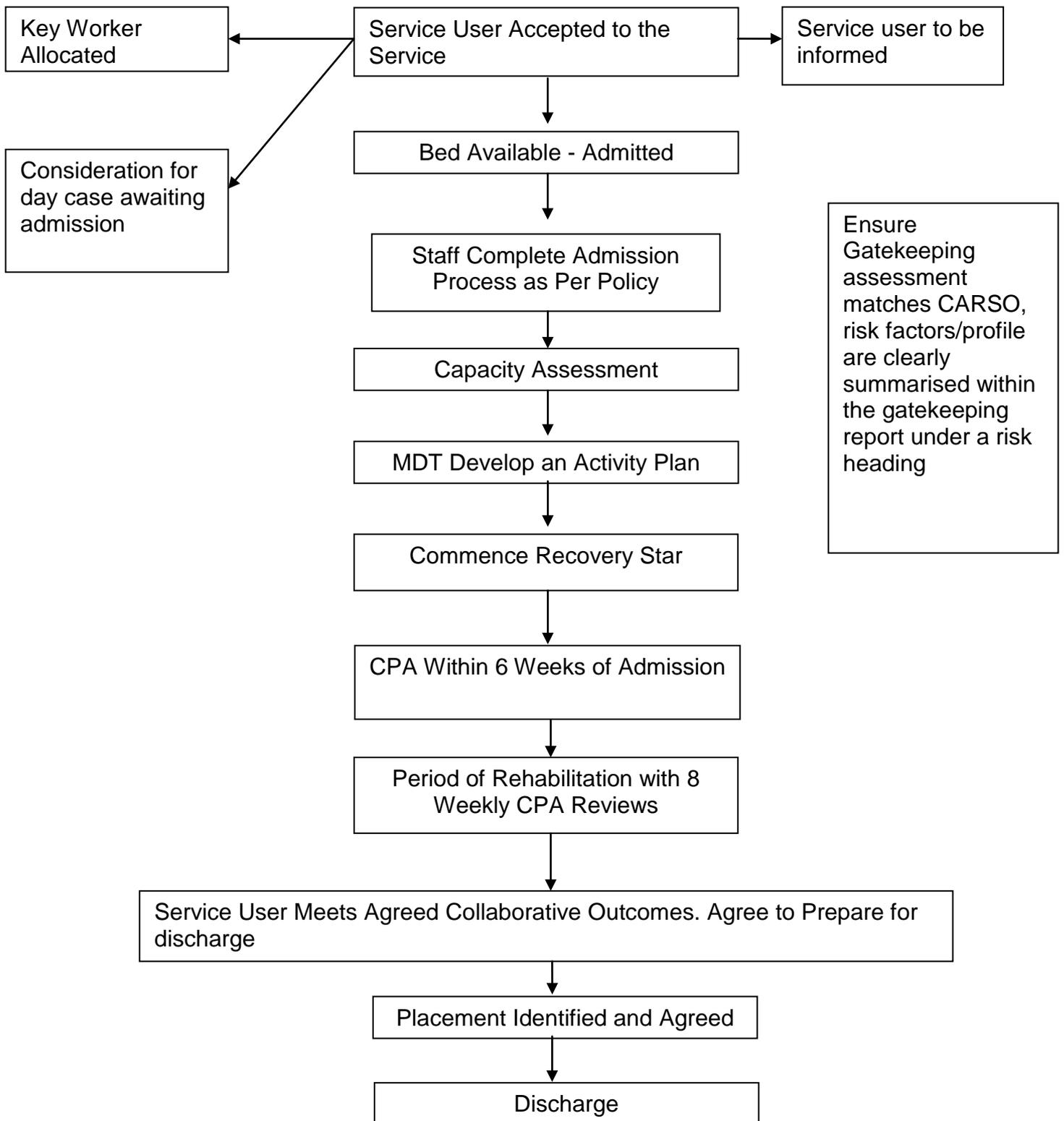
- All staff will receive mandatory training and supervision with regard to sexual orientation, religious persuasion, racial, origin, cultural and linguistic backgrounds and any disability of the service user.
- Essential learning will be provided as per Trust Policy e.g. Ethnicity & Diversity, Management of Violence and Aggression, Basic Life Support.

Individual appraisals could identify the following areas as opportunities for staff development:

- Risk Management
- Recovery Model Training
- WRAP – Wellness recovery action plan training
- PSI training (includes the stress-vulnerability model)
- Cognitive Behavioural Therapy (CBT) training
- Dialectical Behavioural Therapy (DBT)
- Stress reduction and relaxation techniques.
- Anxiety Management
- Anger management
- Social skills training
- Health promotion
- Concordance

All staff will maintain professional registration (as appropriate) and act in accordance with professional codes of practice and guidelines. All staff will follow Trust policies and procedures and maintain up to date skills and knowledge through participation in Continuing Professional Development.

## Appendix 1 Admission Flow Chart



## Appendix 2 - Day cases

- The person doing the assessment is the key worker, a member of Rosewood's Multidisciplinary team
- A full MDT assessment with outcomes will be completed within 6 weeks. Following the assessment a report on the identified needs and progress will be.
- Day cases are to receive a full handover on a daily basis from the residing ward before coming to Rosewood this includes any change to risk, and all care plans from residing ward to Rosewood and vice versa on return of residents. Care note entries will summaries activity whilst on Rosewood.
- Untoward incidents should be managed by Rosewood staff in close collaboration with the acute ward and the service user.
- A care plan will be developed by the Rosewood team.
- A keyworker will be allocated & an activity work plane will be developed
- A record of all day cases to be made by the administration team
- At the end of the stay an outcome report will be completed & care notes updated