

Crossley Place

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Crossley Place is a Level 2 service which provides specialised care for women who have complex needs arising from serious and enduring mental health problems and who need care, treatment and rehabilitation in a safe and caring setting as they work towards their recovery. Patients may have complex mental and physical health needs.

The service provides a highly bespoke package of care for each patient that is designed to meet their specific clinical needs, in an apartment-based environment. Crossley Place has ten beds, arranged across two wards that provides individual flats linked by communal areas and gardens. Each flat is designed to allow direct access to fresh air spaces.

Service at a glance:

2 Level 2 service

 10 beds total

 Service for **women**

 Age **18** and over



Who we support

We support women

- Age 18 years and over
- Have severe and enduring mental disorder – usually with complex co-morbidity
- Require inpatient treatment, rehabilitation or habilitation at a pace to suit their needs
- Are detained under the Mental Health Act 1983/2007 or equivalent legislation
- Have complex clinical needs that require high levels of Multidisciplinary Team (MDT) management
- Require intensive support to maintain their wellbeing and safety – and may require continuous supportive observations
- Do not require high levels of relational and procedural security and do not require secure care
- Who are likely to benefit from treatment and rehabilitation

Transgender patients considered on a case-by-case basis





What we do

The model of care:

- Is patient-centred
- Is multi-disciplinary and multi-professional
- Promotes safety and wellbeing
- Is inclusive of all and especially sensitive to issues related to gender, sexuality and race
- Is trauma informed
- Is strengths-based
- Is determined by an evidence base
- Is based on a detailed and collaborative formulation
- Offers a wide range of psychological interventions to meet identified treatment needs
- Promotes the recovery of each patient at a pace suitable for them
- Supports responsibility and autonomy to develop their independence
- Promotes inclusion of family and carers as part of the decision making for care and formulation.

The model of care provides a sequential and structured approach to management; assessment, formulation, treatment and therapy, rehabilitation or habilitation.

What support we offer

The apartment-based model is an innovative departure from the traditional ward-based approach, that allows the delivery of highly individualised care which places the patient at the heart of all we do and has a positive influence on care and treatment and on the culture of the unit.

Each person has their own apartment with access to communal areas, outdoor space, shared living environments and therapy space. The apartments are spacious and homely, and patients can adapt them to their own tastes and needs. Patients have a high level of control over the levels of stimulation and social complexity of their environment and are to make individual choices about their lives and care, in an environment that manages risk positively with the least restrictive approach.

The service has a dedicated psychology team and a whole range of therapeutic approaches are available.

How to make a referral:



24h referral line
0800 218 2398



Send an email to:
referrals@elysiumhealthcare.co.uk



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elysiumhealthcare.co.uk

This information is available in different languages, Braille, Easy Read and BSL on request

These include: Dialectical Behaviour Therapy (DBT) skills training, trauma sensitive approaches, including complex trauma. Eye movement desensitisation and reprocessing (EMDR) and schema therapy are available and trauma-informed care is embedded in the service.

Positive Behaviour Support (PBS) is provided to support and manage risks, collaboratively with the patient and is informed by RAID® principles. Other therapies include - art therapy, mental health awareness, relapse prevention, Cognitive Behaviour Therapy (CBT) for psychosis / depression, substance use.

The service uses a range of outcome measures to chart progress, including HoNOS and EuroQOL, physical health data, incident recording data, START and HCR20v3 ratings, and patients self-report. These measures are reviewed at each MDT meeting. Patient booklets are completed by each patient in collaboration with their nursing team. These are used to record patient views, and monitor the patient's views of their progress.

Each patient is registered with a local GP who manages physical healthcare in partnership with the MDT. An Advanced Nurse Practitioner from the GP surgery holds regular clinics in the unit. The service employs a practice nurse and has access to other health professionals such as a speech and language therapist (SALT), a physiotherapist, a dentist, an optician and a podiatrist.

We can offer vocational opportunities as part of the Real Work Opportunities (RWO) scheme. There are strong links with the local community and patients have frequent and extensive community leave, according to their clinical, functional and social needs. The service allows entirely flexible visiting with family members and friends to help patients maintain important relationships.

The team

