Elysium
Learning Disabilities
and Autism

Model of Care

Learning Disability & Autism Services (LD&A)
North & Midlands Adult Services

Elysium Healthcare

Contents

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Learning Disability & Autism Services (LD&A)
North & Midlands Adult Services

1 Introduction

1.1 Our Services 5
1.2 Our Strategy, Values & Pledge 12
1.3 Commissioning & Regulation 14
1.4 The People We Support 14
1.5 Our Team 15
1.6 Diversity, Equity & Inclusion 15

2 Our Clinical Model of Care

2.1 Psychologically Informed Environment (PIE) 16
– PIE Domain 1 17
– PIE Domain 2 22
– PIE Domain 3 24
– PIE Domain 4 25
– PIE Domain 5 26

3 Care Pathways

3.1 Referral & Assessment 29
3.2 Admission 30
3.3 Care & Support/Intervention 30
3.4 Transition and Discharge 31

4 Key Components of Service Delivery

4.1 Improving Physical Health Outcomes 32
4.2 Management & Governance 33
4.3 Reducing Restrictive Practices 35
4.4 Safeguarding 36
4.5 Managing Risk 36
4.6 Co-Production and Involvement 36
4.7 Education, Skill Development and Independent Living 38
4.8 Information Management and Evaluation 39

1.0 Introduction

Our model of care in Elysium Healthcare Learning Disability and Autism (LD&A) services aims to ultimately promote the quality of life for the people we support and those around them. The model looks at the individual holistically, incorporating a strengths-based approach and enables a collaborative approach resulting in person-centred care to ensure the best outcomes.

This model of care is implemented across the following services: Beck House, Bradley Apartments, Bradley Complex Care, Chesterfield House, Clipstone House, Dove House, Healthlinc Apartments, Jubilee House, Kingswood House, The Woodlands and Tottle Brook House.

The model of care is evidence-based and reflective of current 'best practice' and relevant legislation, frameworks and guidance including national strategies, reviews, and reports including but not limited to:

- Mental Health Act 1983 (amended 2007)
- Human Rights Act (1998)
- Mental Capacity Act (2005)
- Deprivation of Liberty Safeguards (DoLS)
- Autism Act (2009)
- Equality Act (2010)
- Care Act (2014)
- Health and Care Act (2022)
- Valuing People (2001) & Valuing People Now (2009)
- NHS England's Transforming Care Programme
- National Strategy for Autistic Children, Young People & Adults: 2021 to 2026
- The National Institute for Health and Care Excellence (NICE)
- Learning from Lives and Death - People with a Learning Disability and Autistic People (LeDeR, 2021, 2022)
- Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP, 2016)
- Positive & Proactive Care: Reducing the Need for Restrictive Interventions (DoH, 2014)
- 'Right Support, Right Care, Right Culture' (CQC, 2020)
- Core Capabilities Framework for Supporting People with a Learning Disability (Health Education England, 2019)
- Core Capabilities Framework for Supporting Autistic People (Health Education England, 2019)
- Providing Proactive Care for People Living in Care Homes: Enhanced Health in Care Homes Framework (November 2023)
- Relationships and Sexuality in Adult Social Care Services: Guidance for CQC Inspection Staff and Registered Adult Social Care Providers (2019)
- Accessible Information Standard (NHS, 2025)
- Reasonable Adjustments for People with a Learning Disability (Public Health England, 2018)
- Improving Healthcare Access for People with Learning Disabilities (Public Health England, 2017)
- Baroness Hollins' final report: My heart breaks - solitary confinement in hospital has no therapeutic benefit for people with a learning disability and autistic people (November, 2023)

This Model of Care has also been co-produced with relevant stakeholders by engaging with the people we support, their families and carers, our staff and commissioners.

1.1
Our Services

Elysium Healthcare provides a range of specialist services for people who have a learning disability or who are autistic, and those with complex needs.
Our community-based complex care services deliver specialist care that meets Transforming Care priorities and is tailored to each individual's needs, enabling people to lead independent, meaningful lives as active members of the community.

Within our services, we are able to provide support for those who have a primary diagnosis of a learning disability and/or who are autistic, along with providing expert nursing care and support for people with complex needs and behaviours of concern. These community-based services provide a structured setting that may suit those who are stepping down from a hospital setting or avoiding an inappropriate hospital admission. A number of the people we support will move on to more independent settings such as supported living, or their own homes, alternatively some may be supported longer term.

Our services currently include four levels of accommodation across The North and Midlands:

Complex Care Hospital

This includes a specialist inpatient hospital for adults who have a learning disability and/or who are autistic with additional needs that requires an inpatient stay under the Mental Health Act 1983 (amended 2007).

The bespoke accommodation is not a traditional hospital ward environment which is often inappropriate for people who have a learning disability or who are autistic. It is instead subdivided up to provide a range of services, including small, shared apartments and individual single occupancy apartments, depending on the needs of the individual.

Within this service the use of increased relational security enables the people we support to have greater freedoms and choice in this setting. This is achieved through our care packages, which are individualised through the initial and ongoing assessment processes, in consultation with the commissioners, the people we support and those that are important to them such as families/carers and other external professionals. This informs us how many staff are needed for each individual, to provide a safe and supportive package of care that enables the individual the maximum flexibility to participate in the activities they wish to do, including going out into the community, and ultimately increasing their quality of life.

A core staff team in every area ensures staff are available to support if required. Patients in the hospital have access to an internal Multidisciplinary Team (MDT) of professionals including nursing and care staff, psychiatry, psychology, positive behaviour support, occupational therapy, speech and language therapy, sensory integration and dietetic input. This enables ongoing assessment and interventions wherever necessary. There are also links with other relevant professionals externally as per individual need.

Complex Care, Community Homes with Nursing

Our five and six bed, Complex Care, Community Homes with Nursing are for individuals who have learning disabilities, autism and sensory and communication differences. The model was introduced to emulate community care for individuals with complex needs in bespoke, spacious accommodation. The homes are built in accordance and with the support of commissioners, families, and the individual themselves, wherever possible, to make sure that individual needs are met.

The environments are a unique and important part of the model. Care is provided in single person apartments. This enables people to live in their own space for care and support to be delivered in an environment which replicates community living more closely than a traditional group living setting. The apartments also enable bespoke care to be delivered for the individual and risks and behaviours to be more effectively managed. Apartments are designed around the individual with high specification, custom furniture, fixtures, and fittings where required. In these homes, although individuals have their own apartments, they also have access to a full range of communal areas if they so wish.

Within our complex care services, we can offer a variety of options which considers the environment and where we can promote the principle of giving enough support to meet the person's needs and wishes. Some people with a diagnosis of a learning disability and autism need to be able to control and manage their own space, the people that enter it and for how long. It also enables them to have time alone, reduce the stimuli and be able to self-regulate should they require, whilst still needing access to staff. Therefore, we offer apartments with a separate area for staff to ensure the people we support are not subjected to unnecessary restrictions, and their privacy and dignity is maintained.

Similar to our hospital service, the care is further individualised through the initial and ongoing assessment processes. This informs us, how many staff are needed for each individual care package to enable the individual the maximum flexibility to participate in the activities they wish to do, including going out into the community. A core staff team in every area again ensures staff are available to support when required.

The services are designed for those individuals who require a high level of support to live within a community setting and may continue to require this

longer term. Our staff teams and care packages are set up to deliver individualised care within a framework that is accessible for commissioners. Individuals may be referred who are transitioning from hospital or out of children's services, or where their community placement is no longer viable. The service aims to support people to return to their family and/or home area.

Each of our complex care services embraces and balances the management of risk with comfort, homeliness, dignity, respect and choice. The staff team are specialists in working with complex needs and behaviours. The services are staffed 24 hours a day by a dedicated team of Registered Manager, Deputy Manager, Nurses and Support Workers.

Our complex care services work collaboratively with all relevant external stakeholders including community teams, so that individuals receive multidisciplinary care and support from both the community and the regional clinical team.

Our model of care in all of our care homes includes consultation-based and low-level multidisciplinary interventions, timely responses to emerging clinical issues, all in collaboration with community teams to overcome barriers to health and wellbeing.

Our aim is to compliment the NHS and Local Authority services and as such we provide a regional clinical offer. The regional clinical team comprises a limited qualified group of professionals in psychology, speech & language therapy, occupational therapy, and dietetics, supported by assistants.

The package we offer includes:

- Positive behaviour support plans and workshops
- Communication passports
- Sensory profiles
- Psycho-educational work (individual and group-based)
- Easy-read versions of core documentation
- Resource-based supports (personalised social stories, visual supports)
- Guidance on daily living skills
- Support for goal setting, meaningful activities and vocational roles
- Mobility assessments and recommendations
- Sensory screening and activity plans
- Nutrition education and dietetic assessments
- Menu planning and healthy cooking guidance
- Individual Quarterly Care Reviews (IQCRs)
- Relevant clinical training sessions
- Clinically led reflective practice sessions

More intensive and comprehensive clinical services, such as psychological therapy, speech and language therapy including dysphagia assessment and recommendations/ reviews, occupational therapy including assessment and sourcing of any required equipment, and sensory integration assessment and therapy, should be sourced from the community team including any crisis support. Where this is not possible, there may be options for this to be provided on an additional commissioned basis from Elysium if agreed by all.

Psychiatry services are sourced from local NHS community teams. The aim is to work collaboratively with external community teams to meet the holistic needs of individuals, ensuring the best quality of life and progress in their care pathway.

Care Homes, with Nursing

All our services are specifically designed to provide small group or single person environments. These enable the development of daily living skills aimed at a move towards more independent living. Our care homes are for individuals who have a learning disability and/or who are autistic and who may have additional complex physical or mental health needs.

We provide a specialist community based provision with individual bespoke care packages which are person-centred, and outcome-focused which enables people with continued behaviours of concern and high support needs to be cared for in the least restrictive setting possible, but within a service which is bespoke and structured enough to meet their ongoing needs and risks. We promote active engagement in the community and the opportunity to develop new lifestyle choices to improve self-esteem, confidence and lead a good and meaningful life.

Our ethos is built upon a shared belief that the person is central to everything we do, and we ensure we are responsive to an individual's changing needs, reviewing, and revising plans to meet these needs. We value positive risk-taking opportunities within a context of robust risk assessment and management.

Our care home services work collaboratively with all relevant external stakeholders including community teams, so that individuals receive multidisciplinary care and support.

The team in these services is made up of the Registered Manager, Deputy Manager, Nurses, and Support Workers.

Residential Care Homes, Non-Nursing

These services are homely and spacious environments which replicate an ordinary living setting and encourages individuals to maintain their own living space and develop daily living skills. There is a balanced combination of both shared and private living spaces to help give a structured and safe environment.

The services are for individuals who have a learning disability and/or who are autistic and who may have additional needs or mental health difficulties. The services provide a high level of support for individuals within a community-based setting as part of their pathway towards more independent living or to meet longer term needs.

These services are in the heart of the local community, which promotes inclusion through meaningful community engagement. The residents are supported to develop social networks and engage in a range of activities to live purposeful lives.

The team in these services is made up of the Registered Manager, Senior Support Workers and Support Workers.

Please find details of all our services on our website here.

1.2
Our Strategy, Values & Pledge

Our strategy, 'Best Care, Best People, Best Place 2023-2028', outlines our beliefs, focus and objectives to provide the best care by the best people, and in the best place. These principles underpin service delivery within our Learning Disability and Autism services:

Best **CARE**

1. **To improve service user safety, including:**
   - Deploying temporary staff safely and effectively
   - Improving connections between services and the local health system
   - Effective safeguarding practice
   - Effective use of safe and supportive observations
   - Development of PSIRF (Patient Safety Incident Response Framework)
2. **To ensure that service users have a voice:**
   - to speak up
   - to work in partnership across the organisation ensuring decision making and service design take account of the needs and views of the people using services and their families
3. **To enhance personalisation (individualisation) of care for our service users.**
4. **To celebrate diversity, to improve inclusion and to ensure equity in all that we do for the people we care for.**
5. **To collaborate with our stakeholders so that we contribute towards the whole pathway of care providing integrated services which meet the needs of the population.**

Best **PEOPLE**

1. **To recruit and retain our people we will provide exceptional induction, training, and development so they can excel in their role, progress, and maximise their potential whilst delivering outstanding care.**
2. **To celebrate diversity, to improve inclusion and to ensure equity in all that we do as we are better together – We Are Elysium.**
3. **To ensure that our people have a voice and are confident to speak up.**
4. **To enhance the wellbeing of our people so that they want to stay with us for the long term.**
5. **To ensure that people understand the corporate, regional, and local structures, including their role, the accountability they hold, and the competencies expected of them to deliver the best care.**

Best **PLACE**

1. **To deliver partnership services in the right place, in community settings, which are aligned with the commissioning intentions of the Integrated Care Boards and the local population needs.**
2. **To improve the personalisation of environments to meet the needs of the people we care for.**
3. **To ensure our environments are well maintained, clean and fit for purpose.**
4. **To future proof facilities so they can flex to meet emerging population needs whilst supporting best practice environmentally.**
5. **To achieve net zero by 2040 in line with our Ramsay Health Care strategy and in line with Greener NHS – Delivering a net zero NHS (sustainability).**

Our services are also guided by our values which were created in partnership with those we support, their families, and our people.

Our Pledge

Kindness	Integrity	Teamwork	Excellence
in everything we say and do	being honest and doing the right thing	working together to deliver great care and outcomes	being outstanding at what we do

L istening to the real experts (the people we support and their families/carers)

D eveloping our understanding and skills to meet their needs

&

A sking & Accepting (the individual)

U nderstanding (the individual)

T ailoring our approach (to the individual)

I nvolving (the individual and relevant others)

S upporting (the individual and relevant others) *- aiming to achieve a*

M eaningful quality of life (for the individual and relevant others)

Our mission statement is:

'We aim to understand the reasons behind people's behaviour, to nurture their strengths, and support them to lead fulfilling lives'.

1.3
Commissioning & Regulation

In the Midlands and North of England, our Learning Disability and Autism adult services are commissioned by the Local Authority and/or Integrated Care Boards (ICB's).

All our services are regulated by the Care Quality Commission in England (CQC).

1.4
The People We Support

(Formal Mental Health Act 1983 (amended 2007), Mental Capacity Act (2005) Deprivation of Liberty Safeguards, Informal)

All patients supported in our hospital are admitted under the Mental Health Act 1983 (amended 2007). There are opportunities for patients' rights to be safeguarded via Mental Health Act hearings, Tribunals, and SOAD (second opinion appointed doctors) assessments.

Most of the people we support in our complex care/residential services are admitted and supported under the Mental Capacity Act (2005), to provide a legal framework for acting and making decisions on behalf of the residents who lack the capacity to make particular decisions for themselves. Where appropriate they are subject to Deprivation of Liberty Safeguards (DoLS).

Inpatients with a learning disability and/or who are autistic, have regular Care and Treatment Reviews (CTRs) conducted by an independent panel. These help to improve the quality of care that individuals who have a learning disability or who are autistic receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment.

CTRs are also available when someone is deemed at risk of admission to a hospital. This can include the people we support within our complex care and residential services.

1.5
Our Team

Recruitment and retention are an integral part of the management of our services. Vacancies are monitored as well as the use of bank and agency staff. The safer staffing figures are recorded and declared openly. This is essential to providing an environment that is safe and effective.

The Learning Disability and Autism services ensure that all our staff are appropriately skilled and have the necessary competencies to be able to carry out the tasks required of them. Suitable supervision and support interventions are in place for all staff, and clinical supervision is distinct from line management supervision, to ensure that staff have dedicated time to share their clinical experience and affect change, theoretically, to improve clinical practice.

Additionally, there are formal opportunities for reflective practice for frontline clinical staff to support them to reflect on their own experiences and actions, share best practice and to engage in a process of continuous learning. This in turn contributes to increased understanding of individuals' risks and needs resulting in more effective individualised care, support, treatment, and risk management strategies.

1.6
Diversity, Equity & Inclusion

Supporting diversity
equity & inclusion
for everyone

We are Elysium

Elysium Healthcare champions diversity, equity and inclusion across our services. We are continually striving to achieve a culture that is driven by these values through understanding difference, treating people fairly, and according to their individual needs. We aim to improve by listening to and learning from the diverse voices and experiences of the people we support, families/carers, staff teams and all external stakeholders.

2.0 Our Clinical Model of Care

2.1 Psychologically Informed Environment (PIE)

A Psychological Informed Environment (PIE) is an adaptable evidence-based psychosocial framework that is suitable for all types of 'people' services. PIE are services that are designed and delivered in a way that considers the emotional and psychological needs of the individuals using them.

Fundamentally, a PIE is a model of support that places emphasis on the development of strong trusting connections between 'staff members' and 'the people they support'. This therapeutic relationship is key to enable positive change in the quality of life for all. It considers the psychological make up of individuals (including thinking, emotions, personality, and past experiences). It is about enabling each staff team member to look at an individual's quality of life and how they can improve it. It is about being aware of how our actions affect others, and to accept that an individual's response to us is affected by a lifetime of experiences. Essentially, a PIE places the people we support at the heart of their care experience.

A **PIE** is a service where, "if asked why the unit is run in such and such a way, the staff would give an answer in terms of the emotional and psychological needs of service users, rather than giving some more logistical or practical rationale" (Johnson & Haigh, 2010).

It is important to acknowledge that a PIE does not necessarily create a new way of working, but rather it builds on the knowledge our staff already hold and encourages a more reflective way of working. It provides a framework, language, and approaches to communicate. Therefore, our PIE can be viewed as an evolution of practice, simply enhancing the good practice that already exists within our LD&A services.

At its most basic, a PIE is a particular approach to the development, delivery, and evaluation of our services. A PIE is an environment whose working practice is informed by psychological theories and frameworks. This could be at any level, ranging from how staff think about the problems that the people we support face, how they embed such knowledge into care and support plans, and up to the way in which a building is constructed and configured.

It takes into consideration a holistic view of the various factors that may impact on a person's behaviour and quality of life, which includes a range of biological/ physical health factors, including sleep hygiene, diet/nutrition, exercise, and physical illness.

It comprises more than just the underpinning psychological models that help us to understand the people we support. It is typically considered to comprise five core areas that all combine to influence the social environment, shape staff attitudes and decision-making processes, and ensure that the approach is firmly rooted in the science of human behaviour.

Effective Psychologically Informed Environments (PIEs) have 5 key domains:

1. **Psychological Awareness**
2. **Spaces of Opportunity**
3. **The 3 Rs**
4. **Learning & Enquiry/Outcomes**
5. **Staff Training & Support**

PIE Domain 1:
Psychological Awareness

Improving psychological awareness helps our staff to better understand the perceived 'complex' behaviour of the people they support and to understand the functions behind such. This enables staff to create authentic, trusting relationships and such awareness helps to create a narrative of acceptance and hope.

While it is important for the people who we support to understand why they may feel certain ways and have the tools to be able to process and manage those feelings, it is also essential that our staff team are able to recognise and describe their needs in psychological terms, to understand the connection between thoughts, feelings, and behaviours. This can be considered as the way in which we support our staff to understand their own emotional needs, the needs of the people we support, and the interplay between the two.

The aim is to develop a thoughtful, reflective, and supportive environment for all by ensuring everyone is provided with insights generated from psychological theories and clinical formulations. A service that operates in this way places importance on reflective practice and bespoke supervision. It looks to support all members of the team to develop a good psychological understanding of the functions of people's behaviours and ultimately embeds a philosophy of care that is positive, and strengths-based, whereby there is a milieu of understanding, empathy, tolerance, and compassion.

Within our LD&A services, the psychological approaches are likely to, at least in part, be influenced by the skills of the clinicians involved at each service and the type of service it is. However, the overarching model for all our LD&A services include:

Positive Behavioural Support (PBS) underpins how the PIE operates. PBS is a systematic person-centred approach to care that forms a significant part of the PIE in our services, the focus of which is to achieve a comprehensive understanding of an individual's sensory, communication and health needs to ensure we aim to understand the functions of any behaviours of concern, to provide appropriate interventions (related to the person or their environment), and to ultimately enhance quality of life.

Detailed PBS plans are in place for all the people we support from the point of admission, which help us to understand how best to support people to lead a meaningful life to them, while also helping us to understand what to do when they are in crisis.

Our PBS plans are evidence-based and are formulated based on bespoke functional assessment including the completion of relevant psychometrics, observations, and data analysis. They involve, where possible, co-production with the people we support and the significant others in their lives. All PBS plans are regularly reviewed and are available in Easy Read formats. We strive to develop PBS and other clinical documents in the individuals preferred format.

All staff receive PBS training during their induction and there are opportunities to enhance this training further by accessing different levels of training, both within and external to Elysium Healthcare. In addition to the training, the psychology/PBS teams facilitate regular PBS workshops creating opportunities for an in-depth individualised reflective review of each person we support.

The overarching aim is to ensure that staff understand the reasons behind the people we support behaviour, nurture their strengths, and support them to lead fulfilling lives. Our focus should be on what is right with an individual, not what is wrong, and subsequently where we are adding to a person's life, not taking away.

Our focus is firmly on reducing restrictive practice where possible and promoting a positive and proactive culture of care. Our PBS is based on a practice leadership model. **It is important to note that PBS is for people with learning disabilities and is not in any way used in our services to change someone's autistic identity.**

Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) are related and complementary approaches to service delivery for people with 'complex needs'. Both aim to improve the psychological and emotional wellbeing of people accessing, or working in, services. PIE can be seen as operationalising TIC and are the principles that guide best practice. There are six principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment, and cultural consideration. Becoming trauma-informed and trauma-responsive in services helps improve the overall quality of life for adults who have a learning disability and who are autistic, who are highly likely to have been impacted by trauma. Implementation of trauma-informed care is a live and ongoing process that also creates an organisational culture that enhances the overall wellbeing of staff and helps reduce some of the organisational costs associated with staff turnover and absence. As part of a trauma-informed approach there needs to be a strengths-based focus, improvements to social support systems and introduction of factors that promote resilience. Resilience factors include good emotional coping and problem-solving skills, positive experience of care-giving relationships, education, and supportive social networks and communities.

The Power Threat Meaning Framework (PTMF), published by the British Psychological Society (BPS, 2018) is a radical approach to understanding emotional distress and wellbeing. It is a framework that understands people in their social and relational environments. It can help to create hopeful understandings of people's lives, strengths and difficulties that aren't based on individual psychiatric diagnoses or psychological deficits. Instead, it focuses on the role of power in our lives, on the impact of the resulting threats, how we make sense of our experiences, and on the strategies we use to

PIE Domain 1:
Psychological Awareness

survive. It broadly argues that, instead of asking what is wrong with a person (the traditional diagnostic/ medical model approach), we should instead be asking what has happened to a person, this invariably changes the way we think about a person's needs. It is essentially about understanding the person not the diagnosis.

When we consider the empirical research in learning disability populations, we know that people who have a learning disability are subject to significantly more abusive and neglectful experiences that people who do not have a learning disability, and so it is imperative that we understand, and are sensitive to, their traumatic experiences. The Division of Clinical Psychology (DCP) guidance 'Incorporating Attachment Theory into Practice' (British Psychological Society, 2017) highlights that adults with a learning disability, due to the nature of their disability, are more likely to have experiences of multiple placements, sudden changes to their living arrangements, be excluded at times of bereavement, have bullying experiences, lose the right to parent/relationships and generally have a heightened risk of abuse.

Furthermore, research indicates that autistic people may be more likely to experience traumatic life events than the general population, particularly interpersonal traumas such as bullying and physical and sexual abuse. Rumball et al (2020) and Kerns et al (2022) suggest a number of other events that autistic people find traumatic, including:

- Sensory experiences
- Transitions and change
- Social difficulties and confusion
- Events relating to mental health

These can be further compounded by their neurodiversity related to differences in communication, processing information, thinking styles, sensory and intense interests, and emotion regulation challenges.

Within our LD&A services our psychological frameworks take into consideration ways in which we can understand a person's traumatic life experiences and look to alleviate any psychological distress that has resulted from it, and that is often likely to influence a person's behaviour and emotional response. With a focus on positive behavioural support and a trauma-informed approach, much of a person's therapeutic pathway that relates specifically to their behaviours of concern/distress usually can be met. However, in addition, clinicians involved either internally or externally to EHC in each site may also consider any additional therapeutic modalities that should be used to improve the lives of the people they support as it is important that people are offered psychological therapy.

It is important to note that as an organisation we are aspiring to be trauma-informed and have commenced on this journey. However, we are early on in that journey and are focused currently on being trauma aware as the first step in our services.

It is important that the interventions are formulation driven, this means that emphasis is placed on developing a bespoke shared understanding of the person, including making sense of what the person has been through on their journey to our services. This helps to develop a set of testable hypotheses that then can help guide teams to implement the interventions that will ultimately support the person to move through their care pathway. Without a good formulation, it will be difficult to direct and deliver interventions effectively. It is imperative that all members of the person's team (including the person themselves) input into this process and to therefore understand the main factors that have influenced the person's behaviour and decision-making processes to date.

A good clinical formulation will tell us what factors require intervention, and through this, clinicians can make suggestions about what types of interventions might be the most effective for that individual.

It is likely that the following approaches may be used to provide effective interventions for the people we support, including but not limited to adapted:

- Cognitive Behaviour Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Schema Therapy (ST)
- Compassion Focused Therapy (CFT)
- Trauma Focused CBT (TF-CBT)
- Acceptance Commitment Therapy (ACT)
- Cognitive Analytic Therapy (CAT)
- Eye Movement Desensitisation and Reprocessing (EMDR)

Interventions should always be considered in the context of the individual's clinical formulation, and as such, any therapy should be tailored to the individual, rather than adopting a single approach for an entire service. This type of individualised care is typically the most effective, especially in this population where we face a significant number of complexities over and above non-LD&A populations. In order for individualised formulation driven intervention the resulting intervention plan is usually one that is 'eclectic', drawing helpful insights and techniques from a wide range of models and approaches.

Sexual Health & Healthy Relationships - Sexual and romantic relationships form an important component of quality of life for all individuals, including people who have a learning disability or who are autistic, yet exploring and supporting these areas is often overlooked or avoided. Whilst some individuals who have a learning disability may lack the ability to consent to sexual or romantic relationships, this is the minority. Generally, research has shown that if individuals who have a learning disability are given appropriate support and accessible psychoeducation, they are able to engage in safe and healthy relationships and express their sexuality.

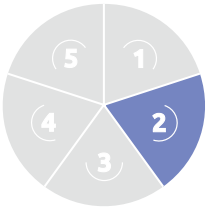
It is therefore important that our services reflect on their practice in this area and offer necessary individualised support to people so they can develop and maintain appropriate sexual and romantic relationships and express their sexuality if they choose to.

Co-Production & Involvement is when people who use services are consulted and included in all aspects of their care, and from the start to the end of any project that affects them. They work together with families and carers, and staff members as valued equal partners to share their skills, knowledge, and experiences, in order to determine what good looks like and to consider ways to improve services. People, whether they are service users, families and carers, or staff members help to shape the way services are designed and delivered.

It is crucial for services to work in equal partnership with those who use the services. Within Elysium Healthcare there is a service user advisory group led by our Corporate Experts By Experience. As a group they are rolling out the Elysium Principles of Co-Production and Involvement. These include 13 principles under five different areas of:

- Co-Production and involvement at every level
- Equity, diversity, and inclusion
- Communication
- Working together as equal partners
- Valuing experience and input

The care of people within Elysium LD&A services benefits from a collaborative approach from all parties involved. The 'person' being seen as being a central member of the team, as are their families/carers, as well as representatives from the commissioners and relevant community teams. All stakeholders should be provided with the opportunity to raise their views regarding needs and progress and be involved.



PIE Domain 2:
Spaces of Opportunity

This domain considers how the whole environment is likely to shape our behaviour and meet specific needs, as well as how we can enhance social contact and skills to promote quality of life. The physical environment is not the only kind of environment in which services operate, and in which staff try to find ways to engage more effectively with the people we support.

As such, we consider whether the environment is conducive to positive mental health. The physical space can be overlooked but is a significantly important factor in the development of both positive mental health and our quality of life.

A caring environment can unfortunately reinforce, compound, or re/create trauma in the people we support. The aim at the very least is to actively resist re-traumatisation within the environment. As such, this domain highlights that we need to continually focus on how our physical buildings may require decorating/maintenance/tailoring to meet specific individual needs (whether relating to a person's risks, previous trauma, sensory needs or interests). The people we support and those that are important to them, are given opportunities to personalise the environment and make choices in decor and furnishing. Sensory assessments also inform how we create a person's environment as much as is practicable.

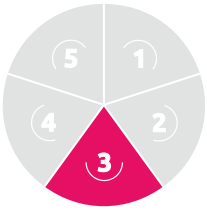
In October 2022, NHS England (NHSE) developed a sensory friendly environment resource pack for autistic people, which aims to support in addressing the issues raised about un-sensory friendly environments impacting on poor quality care for autistic individuals. It is vital that there is an understanding of any sensory issues with any autistic person within our services, their needs are considered, and the environment is conducive for them.

Our services continually strive to encourage and develop:

- A non-institutional homely, safe and welcoming environment for all
- Choice and control for the people we support
- Creativity and self-expression
- A well maintained and well organised environment
- Noise control
- A culture of health and wellbeing
- Opportunities for social contact inside and outside of services
- A sense of shared ownership and purpose
- An understanding of any communication difficulties and how to support/ overcome these resulting in meaningful interactions
- Joint responsibility taking for decision making about the environment, as much as is practicable
- A focus on psychological safety for all
- Everyone to meet as a group to discuss positive and negative aspects of the environment and how to resolve any environmental or social issues
- Support for spontaneous events and activities
- Supporting the continuity of staff by considering their needs
- Encouraging the maintenance and enhancement of family/friend links
- Opportunities for having 'pets and plants' something to care for

Using the PIE principles ensures we give the emotional wellbeing of the people we support parity when considering the design of the environment/service. We are committed to our services being 'capable environments'.

We ensure that services have adequate space to enable people to congregate socially if they so choose, both inside and outside of the buildings.



PIE Domain 3:
The Three Rs

The Three Rs in the PIE model are Rules, Roles, and Responsiveness.

'Rules' means the rules of the service that govern the day-to-day operations. This includes ensuring the people we support are involved in developing and understanding the expectations of their behaviour, and indeed that of the staff and others too. It includes making sure that staff are aware of the limits of their decision-making ability, and the promotion of choice and independence of the people we support. The language we use relating to rules is especially important when working with people within our services.

Indeed, as we use 'rules', we should all be fully committed to the values which add to the culture of our services. These values were created in partnership with those we support, their families and our people. Our values are standards which we uphold each and every day.

- Kindness (in everything we say and do)
- Integrity (being honest and doing the right thing)
- Teamwork (working together to deliver great care and outcomes)
- Excellence (being outstanding at what we do)

'Roles' means that we ensure that all of our staff understand what they need to do in their role to support the person and to help them to fulfil their potential (by enhancing their self-esteem and self-efficacy). This includes opportunities to build on their strengths and interests and can include vocational work, where the person can build upon their education and skills and fulfil roles both within our services and the wider community.

'Responsiveness', means that we ensure that we carry out what we need to do to support the person effectively, whether in relation to behavioural support, physical healthcare, but ultimately enhancing quality of life.

PIE Domain 4:
Learning & Enquiry/Outcomes

This domain is about ensuring that we are not only data-led in what we do, but that we continually assess progress through intervention and learn lessons when things haven't gone well.

Staff and the people we support have open forums in which to share their thoughts, concerns, or compliments about the service and their experience. Feeling listened to and understood is an important factor that influences our mental health and quality of life.

We ensure that we use data to inform our practice (e.g. using dashboards and any other functional analytic data to support formulations that guide and monitor the efficacy of interventions). We use core assessments and measures that tell us if what we are doing is effective. This data should be easily accessible and open to all, including our external stakeholders. Our services regularly review the data (whether quantitative or qualitative) relating to behaviour and culture to formulate strategies to improve care and wellbeing.

Outcome measurement is a key focus across services, with a range of data sources being consulted to determine progress across care and intervention pathways, which may include (but not limited to):

- Functional Assessments, which includes completion of a formal assessment e.g. Brief Behavioural Assessment Tool (BBAT), Motivation Assessment Scale (MAS), Questionnaire about Behavioural Function (QABF), Functional Analysis Screening Tool (FAST), observations and reviews of incident/behavioural data to produce hypotheses regarding functions of behaviour and an overview of the frequency/intensity of behavioural distress over time.
- Measures of quality of life that are relevant to the individual's needs such as the Maslow Assessment of Needs Scale (MANS-LD Skirrow & Perry, 2009), (Mini MANS-LD, Raczka, Theodore & Williams, 2013).
- Measures of mental ill health and psychological wellbeing including trauma experience that have been validated for use with people who have a learning disability and who are autistic.
- Risk assessments specifically for people who have a learning disability and who are autistic.
- Strengths and skill-based assessments.
- Any other measures that are identified by teams through the clinical formulation process and are relevant to the needs of the individual.

It is of most importance that personal stories/ narratives of the people we support; their families/ carers and staff experiences are also considered as opposed to focusing solely on formal assessments methods, especially as many of the people we support may not be able to engage in such. It is the combination of both 'hard' and soft' data that provides a more holistic and meaningful measure of outcomes.

The outcomes we strive to achieve include:

- Ensuring each individual has opportunities to achieve their full potential
- Improvements in quality of life though living a meaningful life for them
- Greater choice, control and independence
- Active community engagement
- Effective understanding/management of behaviour
- Reduction of risk
- Good physical health
- Improved self-esteem and self-worth
- Dignity and respect
- Where appropriate, successful transition into a supported living setting or own accommodation
- Avoidance and reductions of hospital admissions

PIE Domain 5:
Staff Training & Support

Our services have an emphasis on supporting and developing our workforce to develop a robust understanding of ways in which they can effectively carry out their roles. This support and training encompass permanent, bank and locum staff at all our sites.

Staff are supported and empowered to be creative in their therapeutic approach, to generate and implement ideas for good therapeutic care, and are provided with bespoke support networks that seek to mitigate against burnout (good quality clinical supervision, reflective practice, employee assistance and wellbeing programmes).

There is a wide range of training that benefits the staff in LD&A services. This is in addition to the common mandatory required training programmes to work in care settings. Such training includes, but is not limited to:

- Learning Disability
- Autism
- Neurodiversity
- Positive Behaviour Support (PBS) including additional PBS workshops, where core teams, the individual and others involved can reflect on a specific individual's needs
- Trauma-Informed Care/Approach
- Psychological Approaches/Therapies
- Total Communication
- Active Support
- Sensory Needs
- Person Centred Planning and Support
- Mental Health Awareness
- Physical Health (including epilepsy, diabetes, NEWS2, dysphagia and other areas that may impact on behaviour and wellbeing, such as diet/nutrition, sleep hygiene, and exercise)

All staff receive training on Learning Disability and Autism. We are currently in the process of rolling out the Oliver McGowan Mandatory Training on Learning Disability and Autism, which is a tiered training which is a requirement for all CQC registered services. The aim is to ensure the health and care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability, regardless of whether they have a primary or secondary diagnosis.

Additional 'person specific' training workshops are also arranged according to individuals needs which can be developed by experienced clinicians within Elysium Healthcare in collaboration with the individual themselves, their families and carers. They can also be sourced via external providers if required.

Reflective Practice (RP) is a fundamental aspect of a PIE, whereby staff members are provided with space to pause and reflect on the impact of the work they do on their own and others wellbeing. The aim of RP is to enable thoughtful responding as opposed to reacting. RP builds a more supportive and compassionate workforce whereby they feel valued and cared for, enabling increased resilience. It is important to create 'psychological safety' within the workforce. It can help truly embed the PIEs approach in the working of service, starting from the bottom up (inclusion, learner, contributor, challenger safety). All of our services are provided with regular reflective practice sessions.

Supervision is a legislative requirement in all care services and is required to include both clinical and managerial supervision. The quality of the supervision is a fundamental aspect of a PIE, whereby the staff are purposefully supported by bespoke supervision in a framework that places focus on TIC and reflective practice. It is a regular protected space where staff are encouraged to explore their relationships with the people they support and to identify any concerns before they become problematic, and is an ideal time for managers to demonstrate being psychologically informed.

The following has been proposed as being representative of a PIE supervision process:

- Management takes an active role in supporting and promoting the health and wellbeing of their staff
- Acknowledge the emotional demands of working with individuals who have complex needs and have a discussion to identify how to minimise any negative impact
- Have an 'open door' approach
- Debriefs after an incident, difficult conversations, or shift
- The service culture supports staff to talk openly about how their work is making them feel
- Provide access to an employee assistance programme
- Supervision includes an element of reflection
- Regular feedback on staff's health and wellbeing
- Internal or specialist staff providing support e.g. reflective practice sessions
- Ultimately be centred on developing best practices for the people we support

Supervision should be viewed as a safe supportive space to examine and process key aspects of the staff's experience. It is the vehicle of sharing and developing knowledge, skills, and values and if done effectively can support staff to not succumb to empathy fatigue and vicarious trauma, in the context of what can be considered highly emotive and demanding work.

3.0

Care Pathways

(Hospital, Complex Care, Care Homes - with and without Nursing)

Our Learning Disability & Autism services provide a specialist pathway for adults who have a learning disability or who are autistic, and who may also have a range of additional needs. The people we support may display behaviours of concern and pose risks to themselves or others and may have a history of offending behaviours. They may also have sensory differences or physical health problems such as unstable epilepsy.

The services can support people to **step down** successfully from hospital into the community or to **step up** from the community to engage in a period of bespoke care and support to avoid an unnecessary hospital admission.

Some individuals may remain in these services where they have longer term support needs, but others may move on to supported living and independent living.

The unique environment is a key aspect of the services. Care is provided in either single person apartments or small dual or shared occupancy apartments within a building which has communal facilities including lounges, diners, and rooms for meeting with staff.

All pathway services are developed to provide small, homely environments in the heart of the local community, which enables meaningful community engagement to promote social presence. The people we support are enabled to develop meaningful social networks, manage their risks and behaviours, and develop bespoke coping strategies.

A structured person-centred programme of care and support is delivered by a specialist trained team.

Our complex care services have been developed in line with Building the Right Support (October 2015).

3.1 Referral & Assessment

Our specialist services receive referrals from several different services or provisions.

- Community
- Care homes with nursing
- Residential services
- Hospital inpatient – rehab, secure, general wards, or A&E
- Prison (usually for hospital admissions only)

All referrals require a pre-admission assessment, which includes an initial desktop assessment to identify if the person has a diagnosis of a learning disability, autism or both as a minimum requirement to be admitted and will progress to a face-to-face assessment thereafter. Assessment outcomes are discussed with the in-house clinical team to determine suitability and conclude the decision.

Pre-admission assessment reports are prepared and sent to the referrer and commissioner along with a proposed package of care offer if suitable. The report is placed on our electronic record system, to enable care and risk management planning and an initial risk assessment to be formulated.

3.2
Admission

All admissions are planned with external stakeholders, including family and carers and may require transition work between both environments before the person is admitted to the service. This supports development of therapeutic relationships and will enable the receiving team to have knowledge of what works well in the persons current environment.

Welcome packs, social stories and information is available in different formats to support the person to understand their next steps. Many of our services also have video tours of the environments available on our website.

During transition or admission, the person is supported to meet the people in the service in a time frame that is suitable to them. They can access and view all areas of the service when they feel ready to.

The person's Primary Nurse or Key Worker will take the lead in settling them into their new environment and will support them to become involved in the development of the care and support plans as guided by their capacity and ability to consent. Initial risk assessments are also put in place.

3.3
Care & Support/ Intervention

Care, support and treatment objectives where relevant are defined and set out in the early days of admission with the Multidisciplinary Team (MDT). This includes, developing a series of care plans recording the assessment of the person's needs; planning what is needed to meet or support the need; and agreeing how this will be implemented. All care plans, where possible, are co-produced with the person and/or those who are important to them to ensure that their views and wishes are clear. In this way there is a person centred and structured professional judgement for making decisions regarding care and support, and there is active management of the interventions if necessary and length of stay.

Progress is reviewed monthly in the Individual Care Review (ICR) within the hospital and during Individual Quarterly Care Review (IQCR) meetings in care homes, when targets/goals are agreed.

Stopping over medication of people who have a learning disability or who are autistic, or both with psychotropic medicines (STOMP) principles are observed in all relevant services. Monitoring arrangements are in place for side effects of medication.

Our services incorporate the basic principles of ordinary lives, ensuring meaningful and fulfilling lives, keeping safe and having choice and control. We aim to deliver personalised outcomes and enable people to develop constructive ways of communicating through the acquisition of new skills and behaviours.

Our care home services work collaboratively with all relevant external stakeholders including community teams, so that individuals receive multidisciplinary care and support from both the community and the regional clinical team.

Our model of care outside of the hospital setting includes consultation-based and low-level multidisciplinary interventions, timely responses to emerging clinical issues, all in collaboration with community teams to overcome barriers to health and wellbeing.

Our aim is to compliment the NHS and Local Authority services and as such we provide a regional clinical offer. The regional clinical team comprises a limited qualified group of professionals in psychology, speech & language therapy, occupational therapy, and dietetics, supported by assistants.

The package we offer includes:

- Positive behaviour support plans and workshops
- Communication passports
- Sensory profiles
- Psycho-educational work (individual and group-based)
- Easy-read versions of core documentation
- Resource-based supports (personalised social stories, visual supports)
- Guidance on daily living skills
- Support for goal setting, meaningful activities, and vocational roles
- Mobility assessments and recommendations
- Sensory screening and activity plans
- Nutrition education and dietetic assessments
- Menu planning and healthy cooking guidance
- Individual Quarterly Care Reviews (IQCRs)
- Relevant clinical training sessions
- Clinically led reflective practice sessions

More comprehensive clinical services, such as psychological therapy, speech and language therapy, occupational therapy, and sensory integration therapy, may be provided on an additional commissioned basis. Psychiatry services are sourced from local NHS community teams. The aim is to work collaboratively with external community teams to meet the holistic needs of individuals, ensuring the best quality of life and progress in their care pathway.

3.4
Transition and Discharge

A pre discharge meeting will be arranged prior to the discharge taking place. Clear discharge plans are agreed, and a full handover is provided to the referring team. There is a focus on transition and engagement for onwards moves to support a successful discharge. When a person is being discharged, we will work alongside their external teams and new provider if relevant.

4.0 Key Components of Service Delivery

4.1 Improving Physical Health Outcomes

People who have a learning disability or who are autistic, or both, have a higher incidence of morbidity and mortality. It is important, therefore, for our services to focus on the proactive management of physical health and healthy lifestyle with particular focus on chronic and acute conditions.

Our overall aim is to improve the person's health, longevity, and quality of life. We are committed to the learning from lives and deaths programme (LeDeR) which was established and funded by the NHS in 2017. It works to improve care for people who have learning disability and autistic people; reduce health inequalities for people who have a learning disability or who are autistic, and prevent them from early deaths.

Our services are committed to supporting people to improve the quality of their dietary intake in line with government healthy eating guidelines. We focus on health promotion, catering, providing staff training and offer bespoke group and individual education sessions on diet and nutrition. Working alongside our Regional Dietitian, many of the people we support are engaged with person-centred, individualised weight loss plans to support their physical health needs.

Eating, Drinking and Swallowing (dysphagia)- A person's ability to effectively bite, chew, manipulate, and safely swallow food and drink. If a person's ability to eat, drink and swallow safely is compromised in some way, this is called dysphagia. When a person is unable to safely swallow food and drink, they are at risk of aspiration (food entering their trachea and reaching the level of their vocal chords) or penetration (food entering their trachea and passing the vocal chords, going down to the lungs), which can both cause serious health incidents, including choking, chest infections, and pneumonia.

Learning disability populations have an increased dysphagia need, due to the various co-morbidities that can occur alongside their learning disabilities. In addition to this, medication side effects and self-injurious behaviour (e.g. swallowing non-food items) can also result in an increased risk of dysphagia.

The Mazars report has identified significant management issues with regards to dysphagia, prompt assessment and quality of this assessment. The CIPOLD (confidential inquiry into premature deaths of people with learning disabilities) cites aspiration pneumonia as a significant cause of death within the population, with 40% suffering from recurrent respiratory tract infections. The National Patient Safety Agency identified dysphagia as a significant risk for people who have learning disabilities (2004).

The SLT department in the LD&A North & Midlands region of Elysium provides/supports with:

- Training to staff (both online and in-person practical workshops)
- A dysphagia risk screening checklist for all of the people we support in the region on admission to our services; this screen, or other presenting concerns, may flag the need for an in-person dysphagia assessment, which is carried out in a timely manner as and when needed in the hospital setting and referrals are made to the local community teams for our care homes
- Capacity assessments around the individual's ability to make choices around their eating and drinking
- Bespoke care plans to safeguard the individual and assist them with achieving safer eating and drinking

The Regional Lead SLT also inputs into both company wide and local policies and documentation around dysphagia and choking.

The people we support have access to all primary care services to ensure they have full access to all relevant screening programmes. We liaise will multi-professionals to ensure these services are accessible for people who have a learning disability or who are autistic and take steps to ensure reasonable adjustments are made to ensure each appointment achieves its desired outcome.

Our services promote good physical healthcare, and this is supported by Physical Health Champions at each service. All people we support have Health/Hospital Passports in place and our services link in with relevant liaison Nurses if hospital admission is required. All service users are offered an annual health check.

There are both regional and corporate physical health groups to inform best practice. Chronic diseases like diabetes and obesity are managed according to National Institute for Health and Care Excellence (NICE) guidance. Our nursing and other allied health professionals keep up to date with professional competencies through annual basic life support (BLS) and undertake regular emergency medical simulations. All services use National Early Warning Score (NEWS2) parameters to monitor health. All physical health observations are completed at regular intervals to detect any concerns for early referral, treatment, and prevention.

Stopping over medication of people who have a learning disability or who are autistic, or both with psychotropic medicines (STOMP) principles are observed in all of our services. Regular audits are carried out in relation to this.

4.2
Management & Governance

The role of Clinical Governance in our LD&A region is to drive forward continuous development of quality improvement within each service. Each hospital and care home holds monthly clinical governance meetings during which there is a site level review of their data and development of actions/action plans to maintain quality. Each service produces a report to Regional Governance on issues and innovations that support quality as well as identifying issues for escalation to regional and corporate governance. The monthly regional governance meetings form a core part of the overall ward to board Clinical Governance process – and undertakes review of service type specific issues to enable the quality of different teams/care settings to be reviewed, discussed and challenged.

Maintaining a regional review over data to identify quality issues or themes from a regional perspective. The LD&A region is represented by an Operational Director and Clinical Director who report to every Corporate Clinical Governance meeting on the previous month's quality performance and escalate key issues as and when required. Operational issues arising from site staff meetings are discussed in the regional operational meetings and escalated via the Operations Director to the Operational Board. The region is also represented in specialist corporate networks designed to support sharing, learning and improvement. These groups include reducing restrictive practices, health & safety, physical health, security, quality improvement and clinical networks.

4.3
Reducing Restrictive Practices

A positive and therapeutic culture across the whole organisation can reduce the need for restrictive interventions. Our services are committed to encouraging and implementing a culture where restrictive interventions are only used as a last resort, and then for the shortest possible time.

All aspects of risk management are implemented, taking account of the person's wishes and best interests, operating within a framework of continual monitoring, reviewing, and reducing any necessary restrictive practice. They are regularly reviewed at local, regional, and organisational level within a governance framework.

Our LD&A services are committed to providing high-quality, person-centred care that maintains the dignity of, and respect for those we support, ensuring that restrictive practice is reduced.

Our model of care aims to monitor and reduce restrictive practices by:

- Providing individualised care and considering the individual as a whole person
- Treating individuals and their families with dignity and respect
- Emphasising strengths rather than deficits or dysfunction within a framework of risk management, whilst promoting hope, optimism, and engagement using a recovery orientated approach
- Ensuring collaborative working with individuals, carers, families, provider collaboratives, commissioners, and other relevant external agencies
- Increasing self-determination and empowerment and aims to maximise functioning, according to their physical and emotional maturity

The LD&A services promotes the development of therapeutic environments to ensure that the environment is as homely and safe and therapeutic as possible within the constraints of any risk issues.

All services use Positive Behavioural Support as a framework to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance a person's quality of life.

4.4
Safeguarding

People who have a learning disability or who are autistic are often very vulnerable due to high levels of dependence. This is also particularly true of people whose behaviour may challenge services.

In addition to the statutory responsibilities of professionals, sensitivity to peoples' potential vulnerabilities is needed. The services must take all appropriate measures in relation to the safeguarding of people who need our support. Elysium Healthcare has policies and procedures in place to support the safeguarding of people. Staff have regular training and safeguarding conversations are a standard agenda item in meetings. The emphasis on a learning culture as lessons learnt are shared across the services. We work closely with Local Authorities and commissioners to ensure timely resolution to concerns including protection plans, where required and this promotes confidence in our practice.

There is a nominated person within the service who fulfils the role of the Safeguarding Lead for that area and is trained to Level 4 in safeguarding. There is a programme of safeguarding supervision in place. There are bespoke mechanisms in place for the reporting of any safeguarding concerns in accordance with legal requirements and statutory guidance. All staff have closed culture training and regular audits are carried out to reduce the risk of a closed culture. The 'Prevent' training programme is also in place.

4.5
Managing Risk

All of the people we support have positive behavioural support (PBS) plans and risk management care plans in place that are developed and reviewed in line with best practice.

Risk assessments are completed for each individual across all of our LD&A services, and these are reviewed on a quarterly basis unless otherwise indicated. Incidents and behaviours of concern are reviewed for any patterns, and patient safety incidents are robustly investigated.

All relevant staff are trained in the Safe & Therapeutic Management of Violence and Aggression (STMVA), management of safeguarding incidents, observations and engagement and management of self-harm.

A Historical and Clinical Risk Management (HCR-20) assessment relating to risk of violence is completed every six months for patients in the hospital setting. Additional patient/service user specific risk assessments are completed as required which may include but is not limited to risk of sexual offending, risk of stalking, risk of fire setting, risk of intimate partner violence. Where there are specific validated assessments for people with intellectual disability and/or autism, these are used.

4.6
Co-Production and Involvement

This model of care situates individualised care at its core. To achieve this, the people we support and their family, carers and friends should be supported to have active participation in all aspects of their care and treatment planning and decision-making. We promote family and community connections as much as possible. Elysium Healthcare is also committed to involving service users and their families and friends, acknowledging,

and utilising their experiences and skills, to support learning and improvement. This ethos of involvement is proactively promoted, and it features at all levels of the organisation, from corporate Experts By Experience and a service user advisory group, to representation on groups core to local service design and delivery. There is a corporate working group looking at how the people we support are currently engaging with families and carers and looking at ways we can increase/develop involvement in this area such as further development of carer forums. Our services will continue to evolve through harnessing the benefits of involvement and co-production.

We actively engage involvement and co-production by ensuring that the people we support, and their family and friends and relevant others are involved in meetings and discussions and are regularly provided with feedback. There are carer's newsletters circulated from the services which gives information on what events have been occurring, what the clinical disciplines have been engaging individuals with, and general site news, whilst maintaining individuals' confidentiality.

Co-production can be more difficult to achieve with people with learning disabilities. Healthcare processes can be complex, use of acronyms are commonplace terms of reference, and the terminology that accompanies our work is such advanced industry specific language that people are unlikely to have experienced before residing in our services.

Attempting to access these elements can be challenging for 'neurotypical' individuals, but the people we support differences may make it harder for them to understand complex language and concepts. To support the people we support to have the best chance at being involved with decisions around their care, documents and other communications are adapted to make versions which are accessible, sometimes termed "Easy Read".

These documents can be presented at varying levels. Some individuals may be able to read but benefit from the language being simplified and jargon being removed; some individuals may struggle with their reading, so images or symbols are included to assist them in understanding the document, as well as using short, high frequency words with simple spellings wherever possible; others cannot read so their documentation may be highly symbolised but come with wording so that their supporting staff can read out to them to help them take in the information.

There are occasions where the people we support may struggle to make decisions about their daily life; they may lack the capacity to choose for themselves after weighing the options, or they may simply need supporting in the correct way to make these decisions for themselves. Whenever there is a question about an individual's ability to make their own choices about day-to-day occurrences, a Mental Capacity Act assessment must take place. During these assessments it must be confirmed whether the person is able to make these decisions for themselves with the right supports, or whether they are unable to understand, retain, weigh up, and communicate about the crucial elements of a choice. In order to ensure these assessments, accommodate additional support needs people may have, reasonable adjustments should take place when assessing, and providing information to the people we support. There are documents which detail each individual's abilities and barriers in these areas, "Reasonable Adjustments forms". These documents assist assessing staff in ensuring they have given the people we support every opportunity and support to learn about the decision to be made, maintain their involvement, and make a choice for themselves.

4.7
Education, Skill Development and Independent Living

Within the hospital setting as part of our recovery pathways, individuals are supported to access occupational therapy and other Allied Professionals who are vital in treating, rehabilitating, and improving the lives of the people we support. Interventions include:

- Engagement in meaningful activities within the placement environment and local community
- Opportunities for formal educational opportunities through our joined partnership with local colleges
- Specialist vocational rehabilitation opportunities as part of our vocational rehab pathway
- Rebuilding of everyday living skills with skill development and skill maintenance therapeutic goals
- Working collaboratively with the individual in setting realistic meaningful goals
- Building up positive working relationships with community services to offer community reintegration opportunities
- Having access to a variety of 1:1 and group-based interventions
- Specialist assessment and recommendations around environmental needs based on physical, social and sensory environment

In terms of our residential and community complex care services, appropriate referrals are made to the community team where specific interventions are indicated.

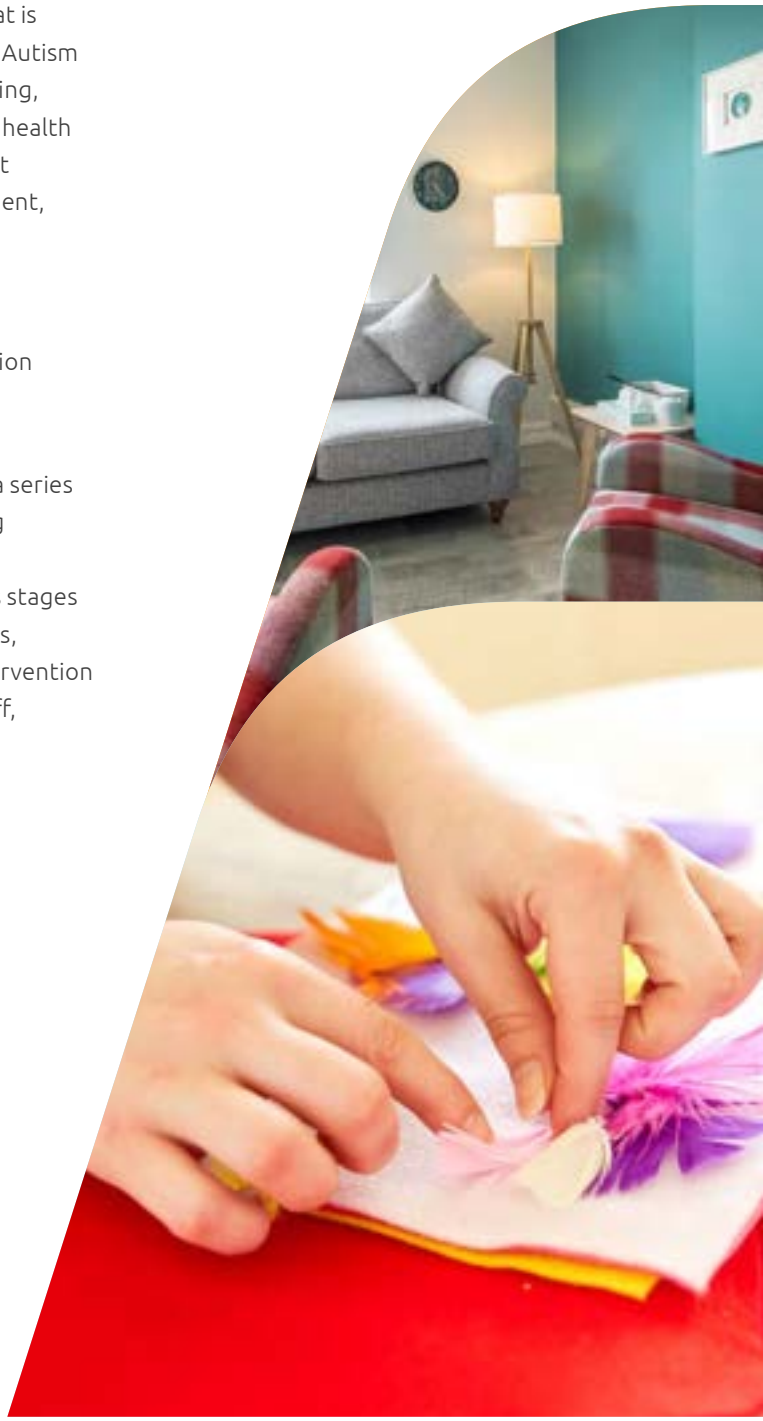
- The occupational therapy teamwork alongside community teams to promote transition of care and in working in line with transforming care.
- The occupational therapy team may work alongside the MDT and support workers in upskilling care provided to include active support, ensuring service users have consistent opportunities for skill development.
- The occupational therapy team can complete screenings of individual's occupational needs and provide training and a consultation approach on the level of support required for the individual.
- Supporting individuals with establishing their occupational identity and ensuring they have access to doing what matters to them.

4.8
Information Management and Evaluation

Carenotes is a computerised clinical records system that is currently used across the Elysium Learning Disability & Autism services. There are standard templates for care planning, clinical notes, and risk assessments, including: physical health monitoring, key contacts, leave authorisations, incident reporting, diagnoses, discharge dates, phase of treatment, any use of physical interventions, observation levels, preadmission information, capacity assessments, PBS plans, planned discharge dates and care pathway.

Our services have access to interactive data visualisation software, Power BI, to give them instant reporting and analysis on key outcome areas.

Progress is evaluated from admission and recorded in a series of standardised measures including measures relating to physical health, mental health, communication and general functioning. These are repeated at various stages of the treatment and at discharge. Clinical observations, such as weight gain each week, feedback from any intervention programmes, engagement with peers, family and staff, engagement with leisure activities and education, all provide indicators as to how the individual is progressing. We collaborate with all stakeholders in meetings with external professionals for the benefit of the individual.



Get in touch

Please dial our
24h referral line on:
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Alternatively you can email:
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Available in different formats on request.

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Part of Ramsay Health Care

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