Case Studies: Customers who use Meadow Lodge respite and emergency care

PT came to Meadow Lodge on an emergency placement in August 2015. He had just finished residential college and had no other placement lined up. He was unable to return home as his house was deemed not to be in a fit state. P arrived from college and was quite shy to start with. P spent a lot of time in his room and staff needed to keep an eye on him as the service was worried about him becoming isolated. After a couple of nights P seemed more relaxed and spent more time with the other customers and staff. P had a habit of stealing equipment and stationery. He needed reminding that things weren't his and he needed to give them back. P would often repeatedly take the same things, in particular the Wii console. He seemed remorseful when ask to return things but unable not to give in to temptation later on. Luckily this seemed to be isolated to Meadow Lodge's things and not other customers' possessions. Risk assessments were put in place and P agreed not to go into other customers' rooms. P stayed at Meadow Lodge for about a month before moving to Trowbridge with some friends from college. Staff supported P to visit houses that were potential new homes for his friends and himself. P left the service in Sept 2015.

RW came into Meadow Lodge in November 2015 on an emergency placement. Although she was known to the service R had turned down regular respite with us. She had decided to stop taking some of her medication as she felt it wasn't working. The medication was prescribed to help her lower her levels of anxiety. When off her medication R was very distress and was causing her mother concern. R came into the service on the 11th of November 2015. She said that she felt ill on arrival this turned out to be withdrawal symptoms. Staff bought her paracetamol to help. R didn't have a GP confirmation for paracetamol which had to be acquired. R was also supported by KA, the psychologist, who visited her the day she arrived. R was very anxious and wouldn't leave staff as she didn't want to be alone. She went out to Gateway in the evening which she enjoyed. R was supported to a doctor's appointment where her medication was changed from what R had been taking previously to another anti-anxiety medication. When R had been taking the new medication for a couple of days she felt a lot better and was able to return home.

JK started accessing respite at Meadow Lodge shortly after his eighteenth birthday in 2015. He was introduced to the service through his social worker BT. J came for two tea visit to get a feel for Meadow Lodge and to decide whether he liked it or not. J very quickly settled in and decided to stay overnight. Again J enjoyed his time with us and started regular respite. J come to us on a monthly basis and is still able to access his day services. He has made new friends at Meadow and enjoys the activities and especially the outing we go on here.

TH started respite at Meadow Lodge in July 2015. He used to have respite at Bradbury Manor and decided that he'd like to go somewhere a little quieter. T knew of Meadow Lodge as his sister used to come here. We liaised with our colleagues at Bradbury Manor to build up a good working picture of T and also we were given a lot of useful paperwork from which we started to make T's Support Plan, risk assessments and various person centred tool we use for all our customers. T has enjoyed his stays with us and seems to get on with all the other customers. T is a Jehovah's Witness and staff are aware of what this means as far as medical inventions and other cultural considerations are concerned.

Case Studies: Customers who use Derriads respite and emergency care

R first started accessing Derriads in June 2014. R uses limited verbal language to communicate; saying no when offered choice, he also communicates using vocal noises, eye contact, facial movement and body language such as smiling and jiggling when he is happy. Staff have really got to know R extremely well and understand his needs and choices. Staff are aware that R loves being talked to. R particularly enjoys being out in the garden and playing ball. R is able to clearly communicate to staff through his vocal noises if he was happy with the offered activity or not. R displays both challenging and destructive behaviour and is therefore funded for 1:1 support and his own waking night.

He was then admitted in as an Emergency Placement in July 2015 due to a home conversion that the family had failed to pre-warn us about that had made the home uninhabitable for R whilst it was being carried out. Due to Rs communication methods and behaviours it was determined that other placements would not be suitable, therefore we had to negotiate with other families to move respite dates and locations to accommodate R's respite stay. During the 6 weeks placement we worked on engaging R in meaningful activities and supporting his communication resulting in a reduction of his challenging and destructive behaviour during this time. R returned home to his family and continues to access respite regularly. R's mother suffers from depression and finds it very difficult to manage R's care when she is low. This regular respite enables R to remain in his family home.

D arrived at Derriads on emergency placement in November 2015. D had been in emergency respite in other services on several occasions due to a breakdown in his placement. D had issues with alcohol. D is very vulnerable, particularly to unsavoury influence. D had a history of disappearing from the service he was in to make contact with friends of bad influence. D generally would leave the service to go to the shop. He would be told to come straight back and would then not return, resulting in him being reported missing.

On arrival to the service we drew up an agreement with D. We would ask him when he planned to return rather than demand an immediate return. I explained the consequences of his actions. If D was only going to the local shop and he did not return within 30 minutes we would check to make sure that nothing had happened to him. By getting D involved in this process we empowered him and dramatically reduced the instances of him going missing. D would often say that he would be back by tea time and return within an hour now that he felt that it was his choice, and he understood the impact of his actions.
D was also supported with money management and budgeting during his stay. D's money was managed by the Court of Protection with instructions of a set amount per day. On one occasion D decided to get a taxi from the local town back to the service even though he could not pay for this. The taxi driver was paid and it was explained to D that he would have less money per day in order to budget for this. This enabled D to understand consequences within a safe environment. D moved on from our service to another placement.

B has been attending Derriads for respite since 2010. B is severely autistic and needs a very strict routine and boundaries in order to support him to feel safe and happy. B appears to be very articulate and low needs however staff who know him well are aware of the intense amount of support that he requires and why. B receives 1:1 support from staff who know him well and his own waking night. Staff have worked in conjunction with B and his mother to create a safe environment. Outside of the service B is both verbally and physically aggressive and the police are often involved. All other services for B have not lasted very long due to this behaviour. Respite is very important for B to give him and his mother a break to maintain their relationship and therefore maintain his placement at home. Whilst attending respite staff have worked with B to develop both his independent living skills and also his confidence to assert himself.

Case Studies: Customers who use Bradbury House Short Break Service and Emergency Customers.

H.S came into our Service on the 6th January 2015 as an Emergency Placement.

H is cared for at home by her 86 yr old mother. Her mother is struggling to continue in her caring role as she is getting older and is not as mobile and well as she was and H's behaviour/outbursts are exhausting her.

H is a complex person and is diagnosed as having a learning disability, epilepsy, high levels of anxiety and schizophrenia.

When H moved in she was very anxious and not sure what was happening. Staff supported her every day and gave her time to settle in. H had never been out shopping for clothes, or been to a hairdresser. During H's time here she has learned a lot of life skills, goes out shopping to buy her clothes/shoes. H has now been on a train and a bus which she had not previously done before. Staff support H to see her mother on a regular basis H is now looking forward to moving on with her life.

S.M came into our Service on the 7th September 2006 using our Short Stay Service.

S lives with his mother in a two bed roomed house in Amesbury.

S has a number of behaviour issues and needs a structure and clear boundaries for S and staff in order to promote positive, proactive and appropriate interactions between staff and S. Some of his challenging behaviour concerns are punching, hitting, kicking staff, throwing items, and slamming doors. Staff have worked with S constantly and have really got to know S and understand his needs and choices.

S now enjoys going into the games room and interacts with staff going into the ball pit and plays with pasta and marbles. S also enjoys Jacuzzi bath which is one of his favourites.

Shared Lives (formerly known as Adult Placement) Carers

Shared Lives (SL) carers may be single or couples, with or without children living at the family home. They are allowed to have one, two or three customers living or staying with them, depending upon their facilities.

The suitability of each SL carer is assessed over several months by the SL team: this process includes:

- The completion of induction training to a quality and standard set on behalf of the Department of Health by "Skills for Care".
- Evaluation of the family's circumstances, capabilities and values.
- DBS checks.
- References from GP, professionals and friends.
- The assessor's report on their suitability.

Prospective SL carers are then interviewed by the SL Approval Panel who consider the application and give final approval.

Case History 1
In the past year Mrs and Mrs W have successfully undergone the above process. Their application was prompted when the young man that they had been fostering for 15 years became 18 years old. At that time it became necessary for them to transfer from the fostering role to SL. For although the couple were going to continue to offer care and support to the same young man, we had to provide them with induction and values training to ensure that they were fully conversant with the roles, responsibilities, procedures and legalities that apply to SL carers: these are often quite different from those that applied to them as foster carers.

The outcome is that we now have a new SL couple whose skills, understanding and approach to care for young adults has developed with their naturally evolving role. And, most importantly of all, this young man – who has autism and learning disability and who regards the couple as his mum and dad – is able to remain in an arrangement where he feels the most comfortable, safe, secure and valued.

Case History 2
P came into our care approximately 21 years ago. Previously he had been married, with children. Unfortunately P had developed a severe mental health condition that contributed to his family breaking up.

Since then P has lived with our SL carers in Salisbury. He does still require support with his anxiety disorder at times, but generally he remains well enough to travel into town independently, where he helps at a local charity shop. Over the years his SL carers have developed a close rapport with P, sensing through a combination of experience and instinct as exactly when and how to provide support to him. Sadly his male carer has since died, but fortunately his female carer (who is now 80) is very happy to provide this very valuable placement for as long as she can.

The outcome is that P continues to live in a supportive, family household, where he is understood and assisted in just the right way, whenever he needs it.

It is important to consider, however, what would happen to P if the lady who has looked after him for so long became unable to do so. And as P is younger than her this scenario is quite likely to arise at some point in the future. At that time we would need to find a new SL carer for P: to do this we will need to have a sufficient level of staff to both support our existing 30 placements and also be able to search for new SL carers for people like P.

Chris Lyne, Manager, Shared Lives Service - February 2016