Southern Health and Social Care Trust

Quality Care - for you, with you

Internal Operational Guidelines

Adult Learning Disability Community Assessment Rehabilitation Service (CARS)

February 2024

CONTENTS

Name Of Policy:	Community Assessment Rehabilitation Service (CARS) Internal Operational Policy & Procedures
Purpose Of Policy:	To provide guidance to Community Assessment Rehabilitation Service Staff
Directorate responsible for Policy?	Mental Health & Learning Disability
Name & Title of Authors	
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Adult Learning Community Assessment Rehabilitation Service

1.0 Statement of Purpose

This operational policy and procedures document is primarily intended to provide guidance to the Community Assessment Rehabilitation Service. It is also intended to provide clarity around pathways, protocols and interfaces with internal and external stakeholders. This document should also be read with reference to the related Trust Policy and Procedures available on the Southern Trust Intranet, and in conjunction with regional published guidance and standards.

2.0 Introduction

2.1 *The Bamford Review of Mental Health and Learning Disability (NI)* commenced in October 2002, and to date has published a series of 10 reports. It provides a comprehensive overview of the future strategic direction and legislative changes required to improve Mental Health and Learning Disability Services.

2.2 With the continued emphasis on community integration and the intention that hospital based services will provide only brief, focussed interventions for mental health needs rather than emergency management, it is increasingly important for community services to develop in ways which enable them to provide specialist services for individuals who engage in challenging behaviour.

2.3 *Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (May 2015)* These guidelines cover interventions and support for children, young people and adults with a learning disability and behaviour that challenges. It highlights the importance of understanding

the cause of behaviour that challenges, and performing thorough assessments so that steps can be taken to help people change their behaviour and improve their quality of life. The guideline also covers support and intervention for family members or carers.

2.4 *Learning disabilities and behaviour that challenges: service design and delivery, Nice Guidelines (March 2018)* covers services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges. It aims to promote a lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising inpatient admissions.

2.5 Both Transforming Your Care and the DOH Learning Disability Service Framework set out clear standards of health and social care that service users and their carers can expect. These reports highlight the needs of adults with a learning disability and promote community integration with a focus on shift to community care, promotion of social inclusion and reducing inequalities in health and social wellbeing and improving the quality of health and social care services, by supporting those most vulnerable in our society.

2.6 Over the last three decades, Positive Behavioural Support (PBS) has increasingly become the model of choice in supporting people whose behaviour poses challenges to services. While there are a number of existing descriptions of PBS available (Allen et al., 2005; Carr et al., 2002; Horner et al., 1990, 2000; LaVigna & Willis, 2005), a recent definition by Gore et al., (2013) sought to bring together the fundamental elements of PBS in a way that could usefully inform future service, policy and research developments in the UK.

2.7 Trauma informed input here

3.0 Definitions

3.1 Learning Disability

Learning disability is defined in the major psychiatric classification systems as:

"a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence i.e. cognitive, language, motor and social abilities".

ICD 10

The DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 2013) defines learning disability as:

- significantly sub average general intellectual functioning
- significant impairment or deficit of adaptive functioning depending on age, culture and so on
- onset of intellectual impairment before the age of 18

3.2 Behaviour of concern

The term challenging behaviour has become distorted from its original meaning and should not be used as a diagnostic label.

Challenging behaviour is a function of the interaction between the person (involving their physiological, emotional and cognitive state as well as their actual behaviour) and their current environment.

The definition of challenging behaviour most often used in services is:

"Severely challenging behaviour refers to behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to

seriously limit or delay access to and use of ordinary community facilities".

Emerson et al (1987)

People with learning disabilities who have challenging behaviour form a diverse group, including individuals with all levels of learning disability, different sensory and/or physical impairments, and mental health diagnosis.

Therefore "*the people who challenge should be seen in terms of their strengths, skills, development and quality of life, as well as their challenging behaviour"*

Ball and Bush (1997)

New current quote/ definition

3.3 Positive Behaviour Support (PBS)

PBS is a person-centered framework for providing long term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person-centered values and behavioural science and uses evidence to inform decision-making (PBS Academy)

Key principles of PBS

- PBS seeks to understand the reasons and functions of behaviour so that unmet needs can be met
- Considers the person as a whole - their life history, physical health and emotional needs
- It's proactive and preventative, focusing on the teaching of new skills to replace behaviours that challenge
- Combines perspectives from different professionals

4.0 Function

4.1 The CARS service will provide a Psychology-Led multi-disciplinary team within the Southern Health and Social Care Trust area to meet the needs of Adults with a Learning Disability who present with behaviours of concern. ??? open to ALD team

4.2 The service will undertake short term functional behavioural assessments and contribute to a comprehensive, person-centred care plan. This service will provide support and formalised treatment/ therapeutic interventions to assist people to reduce the frequency and intensity of presenting behaviour(s), and provide rehabilitation intervention to support the service user to develop alternative adaptive skills necessary to improve their independence, social integration and quality of life.

5.0 Mission Statement

5.1 Using the principles of evidence based practices, the CARS service is committed to the provision of quality assured, coordinated, responsive and accessible services, delivered in a manner which affords the recipients of the service the utmost respect, choice and dignity at all times

6.0 Aim of The CARS service

6.1 Using the Positive Behaviour Support framework and a range of evidence based practices, the CARS Service will provide a psychology-led assessment to identify service user needs, resulting in the implementation of individual therapeutic approaches to reduce the frequency and intensity of presenting behaviours of concern and to develop adaptive behaviour patterns.

6.2 The CARS service is commissioned to provide therapeutic support for service users, their families/ carer

and staff. The service does not provide long-term direct support where care packages are required or where there are significant and long-term difficulties with activities of daily living or self-care, as these needs are best met via core services. The CARS service will provide consultations to all services as and when required. REWORD

6.3 The CARS service structure includes of a range of practitioners such as Consultant Clinical Psychologist, service Coordinator, Specialist Psychologist, Senior Intensive Support Practitioners, Occupational Therapist, Speech and Language Therapist, Intensive Support Practitioners, Associate Psychologist, Intensive Support Workers and admin support.

7.0 Objectives of the CARS service

7.1 The CARS service will provide a timely response to an adult with a learning disability/ carer who require support with behaviors of concern in a community setting.

7.2 To provide a holistic multi-disciplinary service, ensuring clients receive individual assessments of need.

7.3 To minimise the need for hospital care through planned intervention for adults with a learning disability

7.4 To provide responsive support to adults with a learning disability and their carers/families and staff using a range of psychological therapeutic interventions.

7.5 To work with hospital staff (Dorsy Unit) to ensure safe and effective discharges from hospital into a community setting.

8.0 Referral Process

- All referrals must be processed via the team email on CARS referral form
- On a weekly basis the CARS service will provide an opportunity for case managers to have a discussion about their referral in an MDT meeting on a fortnightly basis.
- Service user should be aged 18 with the exception of complex transition cases from children services
- Service user must have an allocated case manager within one of the Southern Trust Adult Learning Disability Community Teams. With the exception of complex transition cases where case management responsibility will be within children service.
- Service user must present with behavior/s of concern that is a risk to self or others and could result in the use of restrictive practice to manage
- Behaviour/s of concern that is likely to lead to responses from individuals or services that are restrictive, aversive or result in exclusion.
- Referrals will be triaged by CARS practitioners within MDT meeting in 10 working days and if accepted will be assigned to a practitioner.
- Referrals will be responded to no later than 10 working days with a letter of acceptance/non acceptance
- Incomplete referrals will **not** be processed and will be returned to referrer. Please ensure all sections are completed.
- The service operates from 9am-9pm Monday through Friday and 9am-5pm on weekends and bank holidays

The Team offers three levels of intervention which are drawn from the Positive Behaviour Support Framework and are outlined as follows:

- Level 1 – Advice and Guidance. This may include for example, telephone / face to face consultation with the Community Assessment Rehabilitation Service, Senior

Practitioners or Consultant Psychologist. At this level no direct face to face contact will be made with the service user.

- Level 2 – An Intensive Support Practitioner will carry out brief functional assessments and identify key strategies for individual input with the service users and their family/ carers. The service user is accepted onto the community Intensive Support Team with low level input for short term intervention.

- Level 3 – The service user is accepted onto the Community Intensive Support Team caseload. A full multi-disciplinary informed comprehensive functional assessment will be carried out and the service user may have a full multi-element Positive Behaviour Support plan in place prior to discharge. Intensive Support Practitioners will provide individual training to all staff and family/ carers involved in monitoring and implementing the service users PBS plan.

9.0 Assessment and Intervention

9.1 A comprehensive assessment will commence within 14 days of allocation. This assessment will address: a functional assessment of behaviour, the level of risk presented, underlying medical and organic factors, psychological/psychiatric factors, and communication and social/environmental factors.

9.2 The completed functional assessment will be used for the basis for a formulation and intervention/treatment plan; formal review dates will be agreed with all involved parties.

9.3 Interventions will be delivered in a trauma informed, person-centred context and within a framework of positive behavioural support.

9.4 All agreed interventions will be monitored and overseen by Consultant Psychologist for effectiveness in clinical supervision

9.5 A holistic and integrated approach to the service users care will involve interventions with service users, families, staff and carers.

9.6 All interventions will be appropriate to service user's ability level and needs and evidence based.

9.7 Therapeutic interventions will be non-aversive and constructive to meet the needs of the service user.

9.8 When dealing with identified risks, assessment of the situation and outcomes agreed must be clearly documented as appropriate e.g within best interest meeting minutes, PQC and DOLS paperwork and any other relevant documentation outlined by trust and RQIA policy and procedures.

9.9 Accurate records must be kept in accordance with current SHSCT Policies and Procedures and individual professional guidelines

9.10 To deliver a specialist service to people with a learning disability and their carers, presenting complex and sensitive information in ways that are easily understood.

9.11 To contribute to the formulation of policies/procedures relevant to treatment frameworks for people with a learning disability that present with behaviours of concern.

9.12 To work in partnership with colleagues from other relevant agencies, to meet the needs of service users.

9.13 To engage in the planning process for complex transition cases if deemed appropriate, up to 6 months prior to the individual's 18th birthday. CARS referral criteria is still applicable.

9.14 To participate in the education and training of other professional staff, to increase awareness and skill levels relevant to the understanding and management of behaviours of concern.

9.15 To monitor the changing needs of the Community Assessment Rehabilitation Service caseload (through the analysis of the service database) and bring any unmet need to the attention of the Head of Service.

9.16 To participate in outcome and/or research work as agreed within the Southern Health and Social Care Trust.

10.0 Procedure for Case Closure

10.1 The service user will be discharged from the Community Assessment Rehabilitation Service when one of the following criteria has been met:

- The individual's/carer's needs are such that a referral to another professional/agency is indicated to best meet their needs.
- The individual has capacity and has declined CARS Services' intervention.
- Following admission to a Learning Disability acute inpatient setting and handover to inpatient behaviour support team.
- When work indicated on the referral request has been completed.
- The outcomes of interventions are meeting the service user need and are effective.
- Outcomes of intervention have not been achieved, but continued involvement of the CARS Service is, after case review, no longer deemed appropriate.
- The individual has died

A Case Closure summary will be forwarded to relevant members of the MDT Team.

11.0 Consent

11.1 Professionals are guided by both the requirements of law and of professional practice guidelines.

11.2 The implementation of the Mental Capacity Act (NI) 2016 has clarified the position in relation to decision-making on behalf of 'incapacitated adults'

11.3 The principle of autonomy is fundamental. The individual's consent to treatment will be sought on all occasions. If the person does not have the capacity to consent, then any treatment must be decided at multi-disciplinary level to be in their 'best interest' and should prescribe the 'least restrictive alternative'.

11.4 It is expected that all referrals to the CARS Team have been made with the informed consent of the individual/ family or carer concerned where appropriate.

12.0 Team Meetings/ Huddles

12.1 MDT meetings will occur on a weekly or fortnightly basis to review referrals into the service. This is led by the Consultant Psychologist and requires an MDT input (more than one professional).

12.2 Team meetings will occur monthly and it is expected that all available team members will attend.

12.3 The functions of the weekly MDT meetings are identified as follows:

(i) triage of new referrals
(ii) prioritisation of caseloads
(iii) review of ongoing cases and decision-making on care planning/treatment plans/risk assessments.

(iv) Discussion of any untoward events/serious adverse incidents and decision-making on further action required.
(v) Case Closure planning.

12.4 The function of the team meetings are identified as follows:

(i) Reviewing systems and processes
(ii) Communication of trust wide updates and new implementations
(iii) Team training
(iv) Service development (QI processes)
(v) Interface issues or concerns
(vi) AOB as identified from team members
(vii) Reflective practice will take place every 6 weeks

12.5 Each team member is responsible for ensuring that all paperwork relevant to his or her caseload emanating from the MDT and team meeting is actioned.

12.6 The team coordinator and clinical consultant psychologist will complete case audits/ reviews on a regular basis, to ensure safe and effective practice.

13.0 Personal Public Involvement & Co-Production

13.1 The Community Assessment Rehabilitation Service will involve service users, carers and the wider community were relevant, in developing, planning and delivering our services in a meaningful and effective way, as part of the Trust's ongoing commitment to Personal Public Involvement (PPI).

13.2 Personal & Public Involvement (PPI) has been driving and informing public involvement in our Health Service as a legislative requirement since 2009 and it builds on existing

strong commitment to person centred care. Co-production allows this to happen in an even more powerful and sustainable way. Safe, quality care can only be realised by listening, and utilising the experiences and expertise of both those accessing and delivering services. Co-production embraces communication and partnership to improve services thereby improving experiences.

14.0 Interface with other services

14.1 In cases where an individual's needs are complex, it is vital that there is multi-disciplinary collaboration. The Community Assessment Rehabilitation Service will interface with an extensive range of other providers where there is the potential for effective involvement through co-ordination of input.

For example:

- Community Adult Learning Disability Teams
- Independent/Voluntary Sector Providers
- Psychiatry Service
- Psychology Service
- Forensic Service
- Crisis response/ Home treatment service (please see interface protocol between CARS and CRHT service)

14.2 In cases open to the CARS team where an individual's behaviour of concern is a risk to themselves or others and staff or family members are unable to deescalate or support the individual with use of their PBS plan or strategies provided, they can contact the CARS service between 9am-9pm Mon-Fri and 9am-5pm weekends and bank holidays. The CARS practitioner will assess and respond as appropriate. (please see interface protocol between CARS and CRHT service)

15.0 Records and Confidentiality

15.1 Community Information System (Encompass)

The Southern Health and Social Care Trust have implemented a Community Information System called Encompass. This system was developed to enable a greater sharing of information across all stakeholders in the delivery of Health and Social Care. PARIS is used to record all patient information. Training, guidance and learning manuals are provided at induction.

16.0 Responsibility and Managerial Control

16.1 The Head of Service has overall responsibility for the team performance.

16.2 Each team member remains professionally accountable for their own practice with service users.

17.0 Staff Development and Training

17.1 Each team member will be subject to annual appraisal in partnership with the Consultant Psychologist and Coordinator, where individual training needs will be identified.

17.2 Each team member will receive operational supervision from the service coordinator and clinical intervention supervision from the clinical consultant psychologist. Where required practitioners including Speech and Language and Occupational Therapists will receive professional supervision from their professional lead within the Trust.

17.3 It is a requirement of all employees to attend mandatory training and relevant conferences and courses as agreed by the service coordinator to ensure their development in terms of the requirements of the post, demands of the service and to satisfy registration requirements.

17.4 Staff should work towards developing and maintaining all competencies in the appraisal for learning disability care.

18.0 Service Evaluation

18.1 The Operational Policy will be reviewed as required

18.2 The service will continue to be monitored and reviewed via the trust quality improvement process.

18.3 The service will be subject to quality audit considering staff, service user and carer and referrer's opinions

19.0 Human Rights

19.1 Community Assessment Rehabilitation services staff will adhere to the Human Rights Act 1998. Such rights include the right to life, the right to respect for private and family life etc.

19.2 The Trust is required to act in compliance with the principles contained in the Act.

20.0 Health and Safety

20.1 Under Health and Safety at Work Legislation, staff are required to take all reasonable steps while at work to ensure their own health and safety and the health and safety of those who may be affected by their acts/omissions at work.

20.2 Staff are required to cooperate fully with regard to the implementation of health and safety arrangements and should not interfere with or misuse anything provided in the interests of health, safety or welfare at work.

20.3 All CARS staff to have safety intervention training Level 4, and ensure it remains up to date.

21.0 Lone Worker Policy

21.1 Staff will at all times act in compliance with the principles contained in the SHSCT lone worker Policy.

22.0 Smoke Free Policy

22.1 The Trust operates a Smoke Free Policy (March 2016)

23.0 Service users' and Carers' Charter

23.1 The Trust is committed to providing the highest possible quality of service to service users and carers, whether hospital or community based.

23.2 Staff within the Trust are required at all times to adhere to the Service users' and Carers' Charter, which includes the statement "No matter what services you require when you are sick or in need of help and support, you have a right to be treated courteously and with respect for privacy, dignity and religious and cultural beliefs."

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