



Partnerships in Care

Where better comes together

Clinical therapies

# Kemple View

a low secure and inpatient rehabilitation service  
for adult men and older adult men with mental  
illness and/or personality disorder



Kemple View  
Longsight Road  
Langho  
Blackburn  
Lancashire BB6 8AD

# Where better comes together

## The right combination

Partnerships in Care (PiC) is the largest independent provider of specialised, secure and step-down care across the UK with hospitals across many regions. With 30 years' experience and expert teams, we help patients, residents and commissioners find the right care pathway and treatment for the best possible chance of a stable and safe life in the community.

PiC care pathways:

### **Mental disorder**

We provide care for people with mental illness and /or personality disorder across medium secure, low secure, locked and open rehabilitation units, supported and community living, as well as emergency admissions in our acute, PICU and HDU services.

### **Learning disability**

We care for people with a broad range of neurodevelopmental disorders including learning/intellectual disability, autism spectrum disorders and other conditions, across medium secure, low secure, locked and open rehabilitation, community and supported living.

### **Acquired brain injury & progressive neurological conditions**

We care for people with acquired brain injury and progressive neurological conditions across locked, transitional and open rehabilitation, community living, respite care and stroke services.

### **Child and Adolescent Mental Health Services**

We provide Tier 4 inpatient and residential services for young people with a range of needs, including secure, complex psychiatric disorders, learning disability or neurodevelopmental disorders, attachment difficulties, self-harming behaviours, and acute, severe or enduring eating disorders. Ofsted-approved education is provided for all young inpatients.

### **Trauma and Addiction**

Safe and supportive residential and wellbeing outreach follow up treatments for people with alcohol or drug addictions and also for people who require treatment for post-traumatic stress.

# Kemple View



Kemple View is a low secure and rehabilitation hospital for men with mental illness or personality disorder and has a specialist older adult service which focuses on independence, risk reduction, physical care, end of life care, mobility and daily living aids.

## Philosophy of care

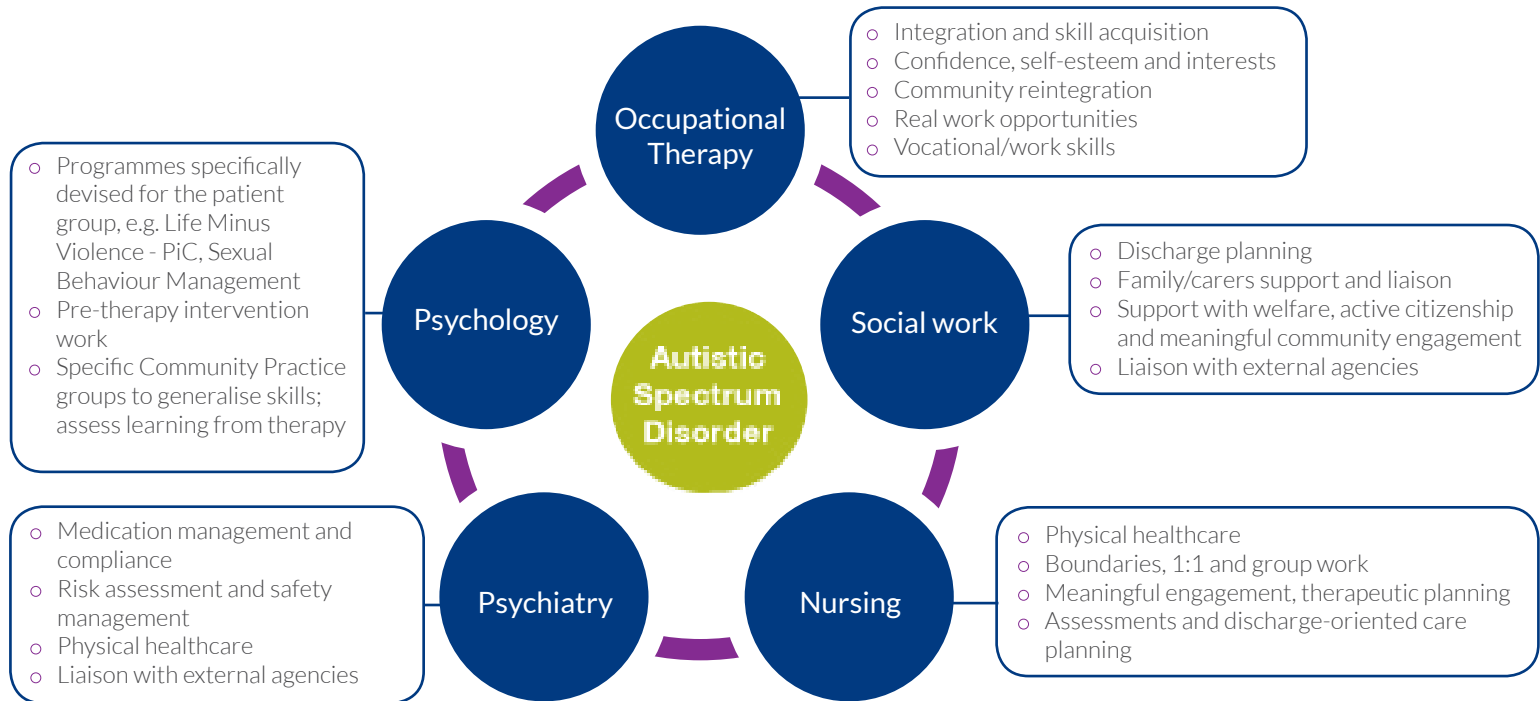
The philosophy of care that drives PiC services in the North West of England region is notable:

1. As a RAID® centre of excellence, PiC hospitals in the North West emphasise positive behaviour reinforcement across all therapies and activities.
2. Individual patient learning styles drive clinical and patient recommendations for their treatment programmes and these are linked as 'programme pathways'.
3. Delivery of every clinical programme is shared within the multidisciplinary team, using the full skill set of the team for the benefit of the patient and involving nursing staff
4. Outcome measures are used at each step in the patient's pathway.
5. All therapy types – cognitive, behavioural, schema etc are available and are delivered depending on patient learning style, adapted to each patient by skilled clinicians in practice, and delivered either 1:1 or in group depending on patient needs.
6. The 'good lives model' is a foundation for many of our programmes including the Sexual Behaviour Management Programme and Community Practice groups. These support patients to set goals inconsistent with their offending in order to achieve positive life goals and manage risk.

The hospital has pioneered a number of award winning new services and approaches, which include:

- Specialist service for forensic older age men
- In 2011 became the first UK hospital to gain RAID® Centre of Excellence status (jointly with The Spinney)
- Led the development of Life minus violence-PiC – a patented unique programme
- ∞ A unique new programme was developed, specifically for people who have both a mental health condition and a sex offending forensic background
- National Service User Awards 2014 - winner of Outstanding Service User Achievement Award for the patient-led project to customise My Shared Pathway for older adults. Two other patient-led projects were finalists in these awards - one for end of life care and another for the creation of a hen house on Kemple's Allotments
- Future Focus group won the Association of Psychological Therapies Excellence in Risk Assessment and Management Award, 2014.

# A partnership of people



## Clinical therapies available at Kemple View

The clinical therapies consist of planned 1:1 and/or group therapy sessions to address mental health issues, forensic history, challenging behaviours and support patients to progress to the least restrictive environments and achieve positive life goals.

### Life Minus Violence-PiC

On-going

Led by: Psychology and MDT

The Kemple View and North West PiC psychology team created this unique PiC-copyright programme from their development of the generic Life Minus Violence programme. Working with 15 clinicians, including consultants from across the world, and training PiC clinicians nationally in its use.

This programme has won PiC two awards in the Laing & Buisson Independent Specialist Care Awards – one in 2007 for public private partnership and in 2009 for medical practice.

## RAID® (Reinforce appropriate, implode disruptive)

On-going

Led by: Psychology and nursing

RAID® is an approach certified by the Association of Psychological Therapies (APT)™; Kemple View and The Spinney attained the RAID® Centre of Excellence award in 2011.

This positive approach to working with people with extreme behaviour is particularly well suited to patients in low secure care. It promotes and celebrates positive behaviour patterns and patient progress, focusing on what a person CAN do rather than what they CAN'T do.

## Group Work Skills

Rolling programme

This programme is unique to PiC and was developed specifically to meet the needs of patients who feel they are not immediately ready to receive therapy in a group context and need preparation and skill building towards working in a group and engaging effectively in a group context. There are eight core 'skills' covered by the programme and they are taught in flexible learning styles depending on the patient. The team also consult to the NHS on developing similar programmes in community settings.

## Substance Misuse Treatment Programme

1:1 and group sessions

This is a dedicated programme. Psychologists and a dedicated expert support Kemple View's MDT resource in developing detailed and individualised care plans which specifically address substance misuse targets.

The programme includes psychoeducation and CBT treatment, identifying triggers and cravings, detox treatment plans and medication to prevent opiate or alcohol lapse when in the community (such as Naltrexone or Antabuse).

Kemple View's MDT links in with community drug/alcohol services preparing for patient discharge to the community and for continued support.

## Sexual Behaviour Management Programme

Led by: Psychology and nursing

This programme is focused on the prevention of re-offending through an intensive modular programme that includes looking at what motivated behaviour in the past; insight and mental health awareness; managing emotional skills; developing emotional intelligence; developing healthy relationships; and learning personal risk management including how to manage risk in future risk scenarios.

The programme modules are delivered in a patient-appropriate learning style so can use a behavioural, cognitive or schema approach, using the most suitable therapies.

## Sexual Behaviour Management Programme - Enhanced Responsivity

Led by: Psychology

Sexual Behaviour Management Programme - Enhanced Responsivity has been uniquely developed by Kemple View over the past five years to cater specifically for patients who have complex psychiatric and mental health conditions, including people who may be learning impaired or have severe cognitive deficits as a result of their mental ill health or history.

It enables patients to address their sexual behaviour issues whilst achieving positive life goals within a framework of 'joint' management of risk, where self-management pathways have been seen to be ineffective.

## Community Practice Group

Ongoing  
Led by: Psychology

The Community Practice Group aims to test effectiveness, post-therapy, in community settings while on escorted leave. This gives patients the opportunity to practice and demonstrate self-management in potentially risky situations with a 'safety net' of supervision in locations. Patients can work towards being safe around individuals within their victim group by managing emotions that contributed to their offending, challenging offence-supportive beliefs, negative thoughts and coping effectively. It offers an opportunity for assessment and testing of patient outcomes with a view to planning for discharge or transfer to a community care setting. Patients have the opportunity to think about and plan their future recovery goals and are supported to develop the skills they need to achieve them – for example, communication, assertiveness, how to access support and how to be compliant. One forum for this is the patient-led Future Focus Group.

## Emotional Regulation

Led by: Psychology

The programmes that work together in programme pathways to deliver an end result of an increase in emotional regulation skills, the patient's ability to self-manage risk, emotion and behaviour, include:

- emotional intelligence skill development
- anxiety management / relaxation programme (a 12 session programme)
- thinking skills and problem solving
- mindfulness
- managing emotion
- insight and mental health awareness

Mindfulness is a core skill in emotional regulation and enables patients to learn to do one thing at a time and deal with distractions, both internal and external.

## Psychoses Care Pathway

1:1 and group sessions

The psychoses care pathway is delivered over 4 stages:

1. Patients work with psycho-educational techniques to gain insight into their psychosis on a 1:1 basis
2. Patients participate in mental health awareness group sessions
3. Intensive work using cognitive behavioural therapy (CBT)
4. Patients complete psycho-educational workbooks, at their own pace (this is part of stage 1)

## End of Life care

As required

This service was developed in collaboration with NHS and criminal justice partners in Lancashire and Cumbria, bringing best practice in end of life care into mental health with a training package and service delivery that had no precedent.

Where previously patients requiring medical nursing who were also subject to security restrictions had to be transferred to a general hospital with a two-nurse escort, a potentially distressing experience, now they can be nursed in the familiar environment of the mental health ward - a real improvement to patient care.

We tailored our MDT service with additional medical nursing and MDT manpower for this patient group.

A patient-led initiative supporting peers in using adapted 'my shared pathway' materials for end of life is currently nominated for a Cygnet service user led award for 2014.

Occupational therapy-led therapeutic activity programmes are rotated on a 12 week basis with sessions held once a week for between 1 and 2 hours.

### Introduction to Problem Solving

As required  
Led by: Occupational therapy

Patients learn the initial steps to understanding how to take a step back, view a problem from different perspectives and learn to problem solve.

### Mental Health Awareness

As required  
Led by: Occupational therapy

This programme supports insight around the patient's diagnosis and its impact on their functioning.

### Smoking Cessation

Weekly  
Led by: Occupational therapy

Rather than focusing purely on stopping smoking this programme concentrates on educating on awareness of results and implications of smoking on health and motivation towards either cutting down on smoking or stopping.

### Healthy Living

Weekly  
Led by: Occupational therapy

This uses a department of health programme resource and covers education about exercise, diet, sleep, lifestyle and the impact of all of these on the patient's functioning and general health.

### Communication and Coping Skills

As required  
Led by: Occupational therapy

This gives patients support on alternative ways of communicating, understanding our impact on each other, developing interpersonal skills, and increasing insight and awareness.

“  
The psychologists have been a godsend and have helped me put my life back together again. I'm now proud to say I like myself

In Kemple View there are a lot of activities to keep busy and occupied. The OT department offer a wide range of activities and facilities, the OT timetable is robust and efficient

# Real work opportunities and educational programmes

I'm learning new skills for the future. I really look forward to my work days

Real work opportunities aim to

- identify job-specific skills, strengths and experience
- develop job-acquisition skills
- give appraisals and reviews
- identify roles and employment opportunities outside the hospital setting

Patients are supported to develop a CV, complete an application form and attend an interview. The aim of the real work opportunities programme is to allow patients to acquire new transferable skills and experience which can be used in future employment or voluntary work.

## Voluntary work

Vocational rehabilitation provides the means for patients at Kemple View to consolidate their theoretical knowledge and skills into 'real life' settings, within a framework of managed risk.

The locked rehabilitation and low secure pathways include patients with a very diverse range of needs. Almost all are of working age, however some could be considered retired or approaching retirement. It is equally important that patients falling into these categories also plan for a healthy and active retirement, to gain similar benefits to those entering employment.

- Wildlife trust conservation project
- Furniture recycling charity project
- Volunteering retail experience in local charity shops
- College courses held at local community centre





# Facilities

- **Conditioning suite**  
with state of the art air compression equipment
- **Sports hall**
- **Patient shop**
- **Café**
- **Rehabilitation training kitchens on all wards**
- **Horticulture centre**
- **Education room**
- **Music room**
- **Art and craft centre**
- **Animal care centre**
- **Spacious grounds**



# William's\* story

## An older age service

I like to get involved on the ward including using the My Shared Pathway workbooks which I have helped to adapt to be more relevant to our age group.

I was also involved in coming up with ideas for adaptations around the ward to help us day to day, for example we have put pictures on each door on the ward to help patients identify where their rooms are more easily.

We are also working on the back garden trying to improve it so it can be wheelchair accessible and enjoyed by all.

## Getting involved

I've found I can be useful to other patients working as a patient council representative across wards. It is especially important on my ward as many of the patients cannot speak up for themselves so I like to help them by taking any issues to the meetings and then feeding back the response at our ward community meetings.

I think this helps other patients feel valued as they can get their opinion across too and they get to hear about things going on across site.

One of the meetings I attend is the food group meeting; I am the person to put forward any suggestions or complaints to the kitchens that provide meals to the ward.

## Contributing to society

I came up with the idea of making donations to the local clothing bank and since starting this I feel like I am living a more normal life and contributing back to society. I have organised the ward clothing clear out which I enjoy doing and the other patients feel like they are helping too.

I am also a welcome rep on the ward and when new patients arrive, I tell them the things they need to know and can also answer any questions that they might have about the ward. I like to show people round and make them feel welcome so they don't feel anxious and can settle in better.



\* Patient's name has been changed to protect anonymity

# What the clinicians said

## Nominated for the 2014 Service User Led Award

William, a patient in his 70s at Kemple View specialist forensic older adult service, was nominated for a Service User Award in the Outstanding Service User Involvement Category on the basis of many achievements:

1. My Shared Pathway adaptation of materials for older adults
2. Negotiating across patient groups to achieve environmental adaptations for the older adult ward refurbishment
3. Supporting peers in optimised choice with dignity in end of life care
4. Working in partnership with all other patients at the unit in a charity project involving a clothing bank, donating clothing to various local charities
5. Leadership within the older adult ward and across other wards

## Making a difference

The difference made by William's leadership and involvement at the unit is not only of benefit to his own physical and mental wellbeing but that of all his fellow patients, helping to integrate patient groups across wards, across age groups, and very specifically, improving the ward environment of the older adult ward.

William's role within the older adult ward has contributed to meaningful activity for his peers and has supplemented therapeutic activities geared towards improving quality of life.

William is an effective representative who demonstrates compassion and caring when supporting peers especially those in later life or on end of life pathways.

## What the judges said

William impressed the national judges in the Cygnet Service User Led Achievement Awards held at Silverstone, Northamptonshire on 12 March 2014 and carried off the biggest achievement of the day, winning the Outstanding Service User Achievement 2014.

This winning entry, called '**MSP additions and adaptations in an ageing population**', also achieved a Commendation in two categories – Innovations in MSP and Service Policy or Environmental Improvement.

“  
I like to help people. I think everyone should help each other.”

# Our values

These are our values. What we believe in.  
What you can count on.

## Valuing people

Respecting our staff, patients, their families and communities

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## Caring safely

Caring safely for ourselves, our patients, our customers and communities

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## Integrity

Uncompromising integrity, respect and honesty

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## Working together

Working together with everyone

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## Quality

Taking quality to the highest level

Central referrals 0800 090 1356

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