

Improving lives together

# Cygnet Hospital Kidsgrove, Staffordshire

- > Acute service for women
- Highly Specialised Personality Disorder service for women



## Cygnet Hospital Kidsgrove is our new hospital for women in Staffordshire. The service will be opening in 2025.

There will be two wards at the hospital; a 20 bed Acute service for women and an 11 bed Highly Specialised Personality Disorder Rehabilitation service.

Crocus Ward will provide a safe and stabilising environment for women who are experiencing an acute episode of mental illness and require an emergency admission. Burleigh Ward will provide specialised support for women with a personality disorder and other complex needs.

## The services provided are:

## **NEW**

## **Crocus Ward**

20 bed Acute service

Opening in 2025

## NEW Burleigh Ward

11 bed Highly Specialised Personality Disorder service

Opening in 2025

# Crocus Ward

## **Acute Service**







18+ Year

20 bed

Crocus Ward, our new 20 bed female emergency acute inpatient service, will provide a safe and stabilising environment for women experiencing an acute episode of mental illness and require an emergency admission.

The ethos of Crocus Ward is to assess and treat women in the least restrictive environment, whilst planning for discharge in a robust and timely fashion. With a focus on stabilisation, we will support women to manage their mental health, reinforce daily living skills and prepare for independent life back in the community.

Our team will work closely and collaboratively with individuals, their families and the referrer to provide a seamless pathway from referral to discharge. Our approach is recovery focused and supported by a comprehensive multi-disciplinary team, contributing to shorter lengths of stay.



## Our service user profile:

- Women, aged 18+ years
- Detained under the Mental Health Act or informal
- Experiencing difficulties that present a risk to the well-being of themselves or others that cannot be treated in an open environment
- Diagnoses may include:
  - Acute mental illness
  - Acute depressive illness
  - Psychosis
  - Schizophrenia
  - Bi-polar disorder
  - Personality disorder
  - Dual diagnosis
- May present with co-morbid presentations:
  - Self-harm
  - Substance misuse issues



## Model of Care for our PICU / Acute Services

At Cygnet Health Care we are doing all we can to make a positive difference. To help guide us & ensure we are working together to achieve this we have collaboratively developed our Model of Care for our PICU / Acute Services. A guide that shows what we do as an organisation to meet the acute needs of adults requiring rapid access to mental health services, including those who may need an intensive care environment.

Ν е I will live in an environment that enables me w **My Future** My Past В I will be supported by specially trained staff е g The team supporting me will be resilient and striving n My progress will focus on improving my quality of life Stage Four n g **Transition** & Discharge **Stage Three** Stage Two My Future (4 - 8 weeks) **Formulation Treatment** > MDT to invite My Skills (1 week) My Independence Care Coordinator **Stage One** (1 - 4 weeks) and family to discharge meeting > Formulation of **Admission** > Handover of clinical diagnosis, review > Weekly MDT review, records, body care plan and risks & Assessment daily review maps and any of enhanced > Complete OT Understanding me safeguarding issues observation levels, (Occupational (72 hours) > Nurse to complete weekly review of Therapy) and discharge GAP score, psychological Psychology screening Ward Doctor to > Induction to the ward engagement and assessment complete discharge and introduction to > Debrief and reflective > MDT (Multi-disciplinary summary within 10 the team practice after serious team) review & working days incidents, restraints communication > Welcome pack > Discharge notification and seclusions with stakeholders provided to the to be sent within 24 individual in our care > Monitor compliance hours of discharge with treatment plan including Mental and identification of Health Act rights and relapse signatures advocacy services > MDT to consider > Admitting nurse discharge planning to complete initial care plan, including physical health risk assessment. admissions checklist & GAP score > Medical team to

review response to medication and liaise with GP as appropriate

Complete physical health investigation

> Invite Care

Coordinator and family to ward rounds

# **Burleigh Ward**

Highly Specialised Personality Disorder Service







18+ Years

11 beds

Burleigh Ward is Cygnet Hospital Kidsgrove's 11 bed highly specialised service providing assessment, treatment and rehabilitation for women with personality disorder and complex needs.

Rehabilitation is provided in a therapeutic setting, with a level of security matched to individual need. The aim of the treatment, rehabilitation and re-socialisation programme is to equip the women in our care with the skills and confidence they need to navigate challenges that may come with returning to community or independent living.

Our dedicated clinical teams will provide a multi-disciplinary approach to rehabilitation, empowering individuals to make positive choices that support recovery. This will include occupational therapy, social work and vocational training.



## Our service user profile:

- Female, aged 18+ years
- Diagnosis of personality disorder with complex mental health needs
- Subject to a section of the Mental Health Act
- May have a history of substance misuse or dependency
- May have experienced regular placement breakdowns
- Sustained relational and social functioning problems
- Forensic or non-forensic history
- Capacity to engage

# Therapeutic approaches and assessments: (may include but not limited to)

- Dialectical Behaviour Therapy (DBT)
   Informed Approach
- Cognitive Behavioural Therapy (CBT)
- Trauma Focused-Cognitive Behavioural Therapy (TF-CBT)
- Compassion Focused Therapy (CFT)
- Schema Focused Therapy (SFT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Cognitive Analytic Therapy (CAT)
- > START Risk Assessment
- > Positive Behavioural Support Plans
- > Psychometric Assessments
- > Neuropsychological assessments
- Ongoing Psychological Formulation
- Wellness Recovery, Support and Action Plans

## Model of Care for our Personality Disorder Services

My Past

е w

> n n

> n

g

I will live in an environment that enables me

I will be supported by specially trained staff



- > Pre-admission assessment completed (including review of clinical records, receipt of essential documentation such as HCR-20, START, PBS plan, etc.) Pre-admission
- Face to
- > Advance provision of ward and hospital information to person in care and their family. Discuss consent of family / carer involvement. Completion of PCP tools and advanced preferences

The team supporting me will be resilient and striving

My progress will focus on improving my quality of life

## Stage Three

### Stabilisation

Feeling safe

- > Psycho-education groups (DBT Skills, problem solving, managing emotions, hearing voices etc.)
- > Mindfulness
- > Relaxation
- > Implementation of sensory strategies
- > Vocational and skills training
- > Occupational goal setting
- > Ongoing Reflective Practice, Training and advice on systemic support through updating PBS plan for staff

### **Stage Four**

### **Active Treatment** and Rehabilitation

improving quality of life

- > Choice of individualised therapy such as:
  - Modular Dialectical Behaviour Therapy (DBT)
  - Mentalisation Based Therapy (MBT)
  - Cognitive Analytical Therapy (CAT)
  - Interpersonal Therapy (IPT)
  - Schema Focussed Therapy (SFT)
  - Compassion Focussed Therapy (CFT)
  - Cognitive Behavioural Therapy (CBT)

  - Combined Individual and group psychoanalytic approaches
  - Psychosocial nursing
  - NICE guideline recommended medication regime
- Occupational skills building
- > Explore educational / vocational pathway
- > Sharing of skills learned in therapies with staff in reflective practice and CPA
- > If required, specialist multi-model interventions to minimise future risks of harm to self and / or others e.g.:
  - Substance Misuse relapse prevention
  - Life Minus Violence - Enhanced (LMV-E)
  - Life Minus Violence for Harmful Sexual Behaviour (LMV-HSB)
  - Fire-Setting Intervention Programme (FIP-MO)
  - Seekina Safety (Managing Substance Misuse for clients with a history of trauma)
- Thinking Minds (Cognitive Skills Training)
- > Skills generalisation with OT
- > Community reintegration, on-going identity work
- > Educational / vocational pathways

## Stage Five

My Future

### **Transition** & Discharge

Preparing to move on

- > Establish therapeutic relationship
- > Undertake baseline psychometric assessments
- > Medical assessment and MDT discharge planning
- > Occupational assessment of daily living skills and sensory needs
- > Engaging family and carers
- > Collaborative formulation development to share with team via reflective practice sessions and used to inform PBS plan
- > Assessment of physical health
- > Care planning

## **Preadmission**

Preparation

- care plan created
- face assessment

## Stage Two

**Admission** & Assessment

Getting to know you

- > Establish therapeutic relationship
- > Undertake baseline psychometric assessments
- > Medical assessment and MDT discharge planning
- > Occupational assessment of daily living skills and sensory needs
- > Engaging family and carers
- > Collaborative formulation development to share with team via reflective practice sessions and used to inform PBS plan
- > Assessment of physical health
- > Care planning

## **Our Referral Process**

## PICU / Acute referral process:

- Referral made to Cygnet referrals team via 0808 164 4450 / chcl.referrals@nhs.net
- Feedback provided on whether our services can meet the service user's needs within 1 hour of receipt of full clinical information
- Admission agreed and arranged with referring team following confirmation of funding

## Personality disorder service referral process:

- Referral made to Cygnet referrals team via 0808 164 4450 / chcl.referrals@nhs.net
- 2 Assessment arranged and undertaken via our assessment team
- 3 Feedback provided on whether our service can meet the individual's needs
- 4 Assessment pack formulated including care plans and funding information
- Admission agreed and plans for transition arranged with referring team following confirmation of acceptance of placement

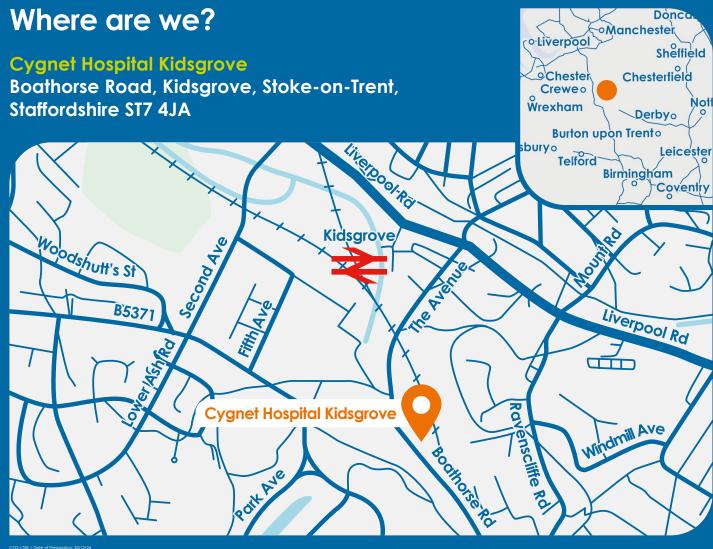
## We are able to take referrals 7 days a week.

To make a referral please contact your regional Business Relationship Manager.

Alternatively, you can contact the Cygnet Bed Hub on: **0808 164 4450** / **chcl.referrals@nhs.net**.







Please visit cygnetgroup.com for more info | Follow us on social media:

Integrity Trust Empower Respect Care