





NEEDS AND OUTCOMES

Referrals to ASC are primarily for people with learning disabilities, with other associated conditions.

NEEDS AND OUTCOMES

ASC is registered as 'nursing support', 'housing support', and 'care at home'.

To ascertain the level of support an individual requires, everyone referred is first assessed by their local authority, and by ASC.

ASC then provide the staff, accommodation, maintenance and upkeep for our community.

THE OUTCOMES APPROACH ENSURES THAT THERE IS:

- A positive experience of life
- A safe environment to promote positive risk taking
- A fulfilling life based on choice and opportunities
- A high quality of care, with regular staff supporting individuals in a way that mirrors our value base at ASC.

“ASC offers accommodation in small community facilities. Our approach for independent living is based on best practice, proven over time.”

INTRODUCTION

OUR VISION

Our vision is to provide a service that delivers a safe and secure environment. Supporting individuals to achieve their personal aspirations and reach their full potential.

OUR PROVISION

Operating from four small residential units, our qualified staff adopt the principles of 'positive behaviour support' and 'active support' to help our residents achieve their personal goals.

ORCHARD COURT

An exclusively male environment, which consists of 12 single en-suite rooms divided into two units of six.

The units – called Tay and Earn – are for adults with a diagnosis of learning disability and a history of mental illness, or behaviours perceived as challenging and / or personality disorders. Often, prior to coming to us, they have had multiple failed community placements.

THE DALGUISE UNIT

The Dalguise Unit has 12 single en-suite rooms, all arranged in a single bungalow, which also offers extensive day space.

This is a mixed sex environment and caters for individuals with a diagnosis of learning disability, a history of mental illness, behaviours perceived as challenging and / or personality disorders, and previous failed community placements.

THE GRANGE

This is our largest unit and has 29 beds for individuals who require a more contemporary provision of care, without nursing input and the security offered within Orchard Court and Dalguise.

The environment here is mixed, in terms of age range and sex, and placements may be permanent or for temporary respite.

The Grange caters for individuals with a diagnosis of learning disability and behaviours that are perceived as challenging.


COUPAR ANGUS BUNGALOW

This is for people with complex behavioural needs, who require a high level of support with daily living skills and communication needs.

There are five bungalows here for single occupancy, with tenancy registered under housing support and support services. The bungalows have two bedrooms, providing space for support staff to stay if required.

“At ASC our service is tailored to individuals with learning disabilities who either display or are at risk of displaying behaviours that are perceived as challenging.”





“At ASC our focus is on the ‘care’ surrounding the person; using informed decision-making and positive risk taking in everyday life to enable each individual to live as independently as possible while accessing the support they require.”

OUR OFFER

Our service is founded on a number of key priorities:

CHOICE

Personalisation is fundamental: our service empowers service users, their families and carers, and we support each resident to maintain and improve control and choice over their own life.

HUMAN RIGHTS

Our policies, procedures and positive behavioural support embed 'active support' across all our services. This promotes inclusion, equality, dignity and respect at all times, and ensures that each resident can maintain all aspects of their life, regardless of disability or individual need.

EQUALITY AND INCLUSION

We help promote, recognise and encourage the individual by supporting people with learning disabilities to use the same services and have the same opportunities and entitlements as anyone else. In doing so, we also celebrate diversity and challenge inequality.

PERSON-CENTRED

The individual is at the centre of their care plan. Their views and aspirations inform their decision-making, and this ensures that the individual is not isolated from society.

We encourage one-to-one time with our service users on a daily basis. This helps to identify meaningful engagements, both within each unit and the wider community, which can assist our service users to develop their goals and devise appropriate plans to achieve them.

STRENGTHS-BASED

We believe that by focusing on existing strengths, skills, talents, positive behaviour and resources we can provide the strongest foundation for person-centred care, while building personal competence.

RESPECT

We promote respect by valuing the whole person, and the diversity of everyone who supports and sustains him or her. We appreciate the contribution of families and carers and, where possible, we promote the contributions of others.

PARTNERSHIPS

Recognising that health and social outcomes are interdependent, we are committed to strengthening our multi-disciplinary team by promoting joint partnership working with service users, their families and our stakeholders.

HEALTH

We focus on each individual's physical and mental health and well-being, in order to enable an inclusive lifestyle. Our workforce is multi-skilled, and its diversity ensures we provide a holistic approach to care. This is why we recruit learning disability nurses and mental health nurses; as well as general nurses.

OUR COMMUNICATIONS

We use various methods of communication to ensure each resident has a full understanding of what is happening in their life.

We do this through daily one-to-one time; weekly reviews and open voice meetings, and we have staff registered to utilise talking mats. We also communicate through our lunch club and newsletter; through surveys and by independent advocacy.

All information is provided in various formats i.e. normal print, large print, easy to read versions and through personal interaction: and staff members are all able to use MAKATON to help people communicate.

OUR CONTACT DETAILS

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OUR AIMS AND OBJECTIVES

SERVICE AVAILABILITY

ASC are an established care provider for people with learning disabilities who may have behaviours that are perceived as challenging. The service operates 24 hours per day, 7 days per week and provides support through everyone's individual journey. It is fully staffed, with on-going recruitment and training to meet the needs of residents.

ACCESSIBILITY/ACCEPTABILITY

We have been part of the local community for more than 10 years and participation is encouraged with local residents and businesses to help expand each individual's experiences and social skills.

POPULATION

ASC accept individuals from across the UK.

ACCEPTANCE AND EXCLUSION CRITERIA

Everyone living at ASC has a learning disability, perhaps with another associated diagnosis – which could include mental health problems, behaviours perceived as challenging, Prader-Willi Syndrome, autism or forensic. Everyone is assessed by an experienced practitioner, who ascertains the most suitable environment for them. We do not accept anyone without a diagnosis of learning disability.

INTERDEPENDENCE WITH OTHERS

ASC work in partnership with the individual resident and their family, stakeholders, NHS partners and local authority care managers. We all work together, through consultation, to improve and provide the best quality care. Care that will carry each individual forward, by working with resident's existing strengths to achieve an enriched and fulfilling life.



TESTIMONIAL

**“Staff are good
but they cannae beat
me at FIFA though.”**

JAMES T.
SERVICE USER

OUR CORE PRINCIPLES

ASC remain flexible, and adjust to any changes in need over the individual's life.

1. POSITIVE BEHAVIOUR SUPPORT

Positive behaviour support (PBS) is a multi-component framework that aims to improve quality of life and reduce the frequency, severity or impact of behaviours that are perceived as challenging. It has been developed to help plan and deliver a range of appropriate evidence-based support, and offers a holistic assessment of needs that recognises the complexities and circumstances of people with a learning disability and/or autism.

The active support developed under PBS is underpinned by person-centred values. These tailor support to respond to the individual's needs, together with those of their family, and it therefore remains flexible throughout the course of their life.

2. A WHOLE SYSTEMS LIFE COURSE APPROACH

Individuals with learning disabilities can display behaviour that can be perceived as challenging at multiple points during their life. These behaviours can occur in multiple settings and are influenced by multiple factors. To help mitigate these factors, and respond appropriately, the individual always remains at the centre of planning their own care.

- Individuals and their families are aware that they can have a personal budget or self-directed support
- ASC work with wider services to ensure that reasonable adjustments are implemented, when these can help ensure smooth access to the community
- Particular attention is paid to times of transition – both between and within the service. We work well in advance of a transition, to deliver effective support to individuals and their families
- ASC work in partnership with education, health and social care services to deliver consistent and holistic support.

3. PREVENTION AND EARLY INTERVENTION

A number of risk factors can help to predict when behaviours perceived as challenging will arise, therefore ASC carry out robust risk assessments to assist in prevention and early intervention. These assessments, based on PBS, highlight relevant active support that can address risk factors proactively. The assessments include:

- Providing an environment that is suited to the individual's needs, taking account of levels of stimulation, and the quality and frequency of interactions with other people
- Proactive prevention, via the identification of additional risk factors
- Recognition of communication impairments – with a 'toolbox' for support methods readily available
- The possibility of psychiatric co-morbidities
- Thorough training on recognition, prevention and therapeutic management of violence and aggression; recognising stress and distress and distraction and de-escalation
- Clear, smooth diagnostic pathways for intervention.

4. FAMILY CARER AND STAKEHOLDER PARTNERSHIPS

Our paramount focus is always on the rights and needs of the individual, and we work in partnership with family carers and other stakeholders as an essential aspect of PBS.

- Supporting family members to lead a full family life and to maintain their physical and emotional resilience
- Involving family and other stakeholders throughout assessment, planning and intervention pathways
- Recognising the importance of the key worker role, and ensuring the skills and expertise required to fulfil it are reflected within the relevant job description.

5. FUNCTION-BASED HOLISTIC ASSESSMENT

Within a PBS framework, interventions are preceded by a thorough, holistic assessment, facilitated by a suitably trained person or a group of people. This assessment is undertaken or led by a learning disability nurse, who is trained in conducting a functional behavioural analysis that will include:

- A systematic and data-driven process
- Consideration of the individual's physical environment, and how other people behave toward the individual
- Underlying biological/genetic factors
- Identification of behaviours, and understanding the function of that behaviour
- The broader context, which may influence how and why the individual displays a particular behaviour that may be perceived as challenging; including sensory needs, communication, relationships and social inclusion
- Ensuring assessment procedures are tailored to the individual, with involvement from family and stakeholders.

6. IMPROVING QUALITY OF LIFE AND BEING BETTER ABLE TO MEET AN INDIVIDUAL'S SPECIFIC NEEDS CAN REDUCE THE INSTANCES OF BEHAVIOUR PERCEIVED AS CHALLENGING

Support and interventions are based on an understanding of the behaviours, following a function-based holistic assessment.

Within a PBS framework, the vast majority of support is focused on being well prepared to meet an individual's needs and improving their quality of life in such a way that this reduces the likelihood of future behaviours that are perceived as challenging.

Our approach reflects best practice experience and incorporates:

- Active support, which helps the individual to carry out day-to-day tasks and provides meaningful occupation
- Providing an environment appropriate to the individual, which is less challenging and ensures helpful support arrangements from others also working proactively with the individual
- Strategies that develop the individual's competencies, to ensure their capacity to influence the world is broadened. This is likely to include support to develop communication
- Support to address broader needs identified during assessments, for example specific physical or mental health aspects of care
- Reactive strategies, to safely support an individual and others when it has not been possible to prevent an instance of behaviours that are perceived as challenging
- Active avoidance of restrictive and punitive approaches to managing behaviour that is perceived as challenging
- Clear monitoring of effectiveness.



OUR CORE PRINCIPLES CONTINUED

7. COMMUNICATION

A high proportion of people with learning disabilities have communication difficulties. Communication impairment, and insufficient adjustments from others to support communication, can increase the likelihood of individuals displaying behaviours that are perceived as challenging.

At ASC we believe that communication is paramount to the care of individuals, and we therefore invest in training in this area. This includes MAKATON, now and next, planners and talking mats, which are all incorporated into the everyday support of individuals.

Consistent with a PBS framework, we support communication needs by:

- Ensuring additional communication supports are provided as part of a tailored package of interventions
- Encouraging individuals to be involved with decisions about their care and their service by developing their choice-making abilities and ensuring there are frequent opportunities to make choices, which are effectively supported
- Supporting the development and maintenance of positive social relationships
- Providing on-going support to individuals, and working with family, staff and stakeholders, to develop forms of communication.

8. PHYSICAL HEALTH SUPPORT

Individuals with learning disabilities and/or autism are at an increased risk of experiencing physical health difficulties. ASC work in partnership with our local GP services to ensure:

- The GP is made aware of the individual's needs, and extra time is given at appointments
- Individuals are supported to make choices and express their wishes in relation to health and wellbeing
- A system (DISDAT, Abbey pain scale) is in place to communicate when individuals are experiencing pain or discomfort
- Our staff are trained in clinical procedures, to add to the individual's feeling of security
- Health checks and screening are reviewed annually.

9. MENTAL HEALTH SUPPORT

Whilst behaviour that is perceived as challenging is not a mental health diagnosis, mental health difficulties can coexist with communication difficulties – and therefore coexist with behaviours perceived as challenging. Our assessment process reflects this, and particular attention is paid to:

- Effective identification of mental health and emotional difficulties, by trending behaviour patterns and carrying out reviews
- Sleep difficulties
- Changes in behaviour
- Changes in circumstances
- Changes in environment
- Accessing appropriate services.

10. SUPPORT FOR ADDITIONAL NEEDS

As part of a preventative PBS strategy, we consider the following areas when continually assessing individuals:

- Sleep difficulties
- Coexisting conditions, for example ADHD
- Sensory difficulties, including impairments of hearing and sight
- Support in engaging with stimulating and meaningful activities.

11. SPECIALIST LOCAL SERVICES

We have a strong core team of learning disability, mental health and general nurses who address behaviours that are perceived as challenging and physical health needs and provide mental health support. However, there is a clear referral process if ever the need arises for a referral to a community specialist service.

12. SAFEGUARDING AND ADVOCACY

We work with families and stakeholders to ensure the safety and wellbeing of each individual in line with the Perth and Kinross Adult Support and Protection policy and guidance.

We ensure that the appropriate recording and reporting of incidents and near misses is passed on; taking into account the appropriate threshold for reporting and the wishes of the welfare guardian. The service has policies and procedures in place that cover whistleblowing, safeguarding vulnerable people, code of conduct and confidentiality. All these policies are discussed during staff induction, and updated on review.

To assist with lifestyle choices, each individual is offered and encouraged to engage with an independent advocate.

All staff members are trained in the recognition, prevention and therapeutic management of violence and aggression, which is a system of secure and non-secure holds with added breakaway techniques. Our trainer for this practice is qualified to BETEC level 3 in physical restraint.

13. WORKFORCE

We have a framework for the maintenance, improvement and introduction of new or enhanced skills, knowledge and procedures. This strategy is applicable for all staff members, relatives and, most importantly, service users – should they wish to join in. Its overarching aims are to:

- Ensure that staff are equipped with the knowledge and skills to undertake their role; and for their knowledge to be tested / refreshed at intervals
- Ensure that the development of an individual or the team is / are in line with the stated requirements of the service
- Strengthen the capabilities of staff in terms of confidence, leadership and management
- Provide the opportunity to develop to all staff within the service, regardless of age, ability, length of service or role.

All qualified nurses are registered with the Nursing and Midwifery Council and all support staff are registered with the Scottish Social Services Council. Senior support staff all have an SVQ3, or are working towards that qualification. The general manager is a registered nurse and has completed SVQ4.

ASC has two PBS coaches, two supporting Derek trainers, two advanced autism practitioners and three improving practice trainers.

We have a robust training package that is two weeks long, which incorporates:

- PBS
- Autism awareness
- Mental health awareness
- Supervision
- Communication
- Dysphagia
- Values
- Recognition, prevention and therapeutic management of violence and aggression
- Crisis and aggression management plans
- Core team
- De-escalation and distraction

14. MONITORING QUALITY

Our quality assurance framework ensures that all aspects of care are audited in a timely manner.

Monitoring includes:

- Care plan audits
- Consultations
- Reviews
- Local authority compliance visits
- Care inspections
- Surveys.

Additionally, quarterly risk management reviews of incidents give stakeholders, families and staff a forum to discuss potential risks and triggers for each individual.

“We give consideration to the individual, who always remains at the centre of planning their care.”

CONTACT US

CONTRACT ARRANGEMENTS

All service users are subject to an agreed contract, which is based upon an assessment by an appropriate person, i.e. the Care Manager, which is carried out within one week of a request being received. No decision is made at the time of the assessment. There is a subsequent discussion amongst ASC's senior team to determine the resources required, anticipated cost of the assessed service and availability of a suitable vacancy.

The details will then be provided to the allocated Care Manager in writing, within three days of the assessment.

Agreement to transfer into the service is subject to written confirmation of acceptance of the contract, and the fees associated with the offer. The fee may include costs for transition and set up of the environment.

Where the service user is utilising Self-Directed Support, a tenancy agreement and further breakdown of costs is also available.

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