

ACM NEWS



ANGLIA CASE
MANAGEMENT
LIMITED

Autumn/Winter 2007



There have been a number of exciting new developments at Anglia Case Management in this last six month period, the most significant being the launch, in April 2007, of our new COMMUNITY REHABILITATION SERVICE. You will find a feature article about the work of the new team overleaf, but as an introduction I would just like to say a few words about this exciting and innovative new service.

In East Anglia we are fortunate to have several very well respected neuro-rehab services providing treatment for adults who have incurred traumatic brain injury. The Oliver Zangwill unit in Ely has developed a particular reputation for the treatment of TBI clients with more "high level" rehab needs; the Icanho Centre in Stowmarket who provide post acute outpatient rehab to clients from Suffolk; the BIRT service at Fen House in Ely - to name but a few. As a case management service we actively resource the most appropriate service for our clients who need ongoing rehabilitation, but as every TBI client is different, there is not one service that meets all TBI clients needs. We will continue to work closely with these services, making referrals, as appropriate, for the clients who we case manage.

The new ACM community rehabilitation service aims to complement rather than compete with these existing established units, and has been developed following consultation with these other providers. It is different in its concept, in that the service goes to the client, rather than the client to the service, allowing a more bespoke and individualised approach for particular clients. This model is particularly suited to the TBI client who may be some years post injury, and also to those who may otherwise be resistant to considering a formal treatment facility. We are fortunate to have recruited Pam Foreman and

Dr Lesley Murphy to ACM, both of whom have considerable experience to bring to this new development. Welcome.

There has been a steady increase in **CASE MANAGEMENT REFERRALS** since Spring 2007, but fortunately we have continued to be able to meet this demand for our adult and paediatric services, following the appointments of Caroline Wilkinson and Fiona Flynn, earlier this year. A further brain injury case manager, Ben Holden, will also be joining our "adult" team in December; having previously worked as a TBI case manager in Australia, before working in London in an NHS neuro-rehab service. We are pleased that he is relocating to Suffolk, and joining our established team.

The demand for experienced case managers to undertake **EXPERT WITNESS WORK** in TBI and paediatric litigation cases, has also led us to develop a programme for several of our staff to increase their skills in medico-legal reporting. This will mean that, from January 2008, Anglia Case Management should be able to respond more speedily to requests for expert witness assessment and reports. More information about this and proposed developments in our **PAEDIATRIC TEAM**, in the Spring 2008 edition.

Caroline Ferber
Managing Director

QUALITY ASSURANCE

Customer satisfaction - Are we getting it right?
How do we measure and monitor our service ?

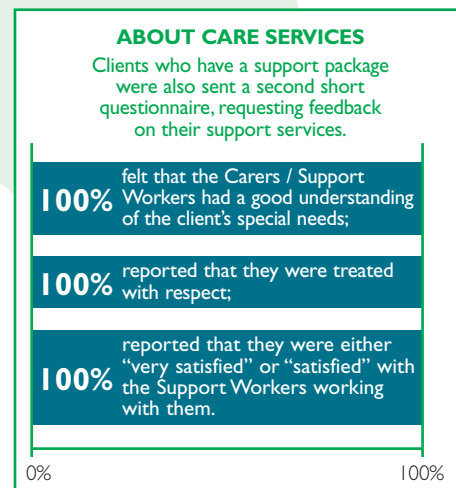
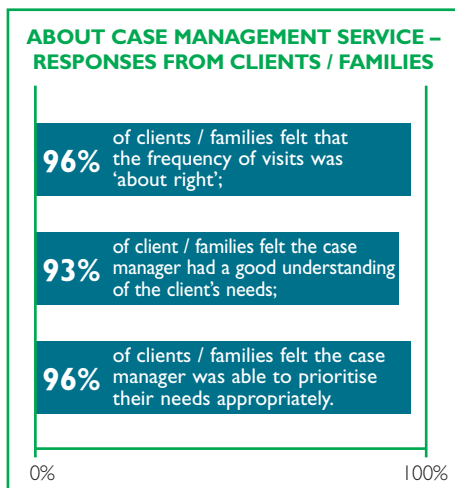
As a part of our commitment to our clients, families and customers we have developed a system to review the service we provide to individual clients and funders. We are eager to ensure that all those who receive support or instruct case managers, are offered the opportunity to comment on what is provided. Your feedback is important and your comments are taken seriously.

WHAT DO WE DO?

Some of you will have had the opportunity to complete our questionnaires, but for those of you who have not, we send out a form for completion 6 months after the commencement of case management services and then annually thereafter. One aspect looks at the case management service to clients and one looks specifically at any support packages that Anglia Case Management has put in place.

HOW ARE THE RESULTS DEALT WITH AND COLLATED ?

The information on questionnaires are collated every year. The feedback is provided to the Directors, supervisors and where appropriate to the case managers directly. We also send a copy of the collated details to CSCI. We continue to have very positive responses across the board. When there is a matter that has been raised by a client, family member or fund holder, these will be discussed with the individual concerned and any necessary remedial action taken.



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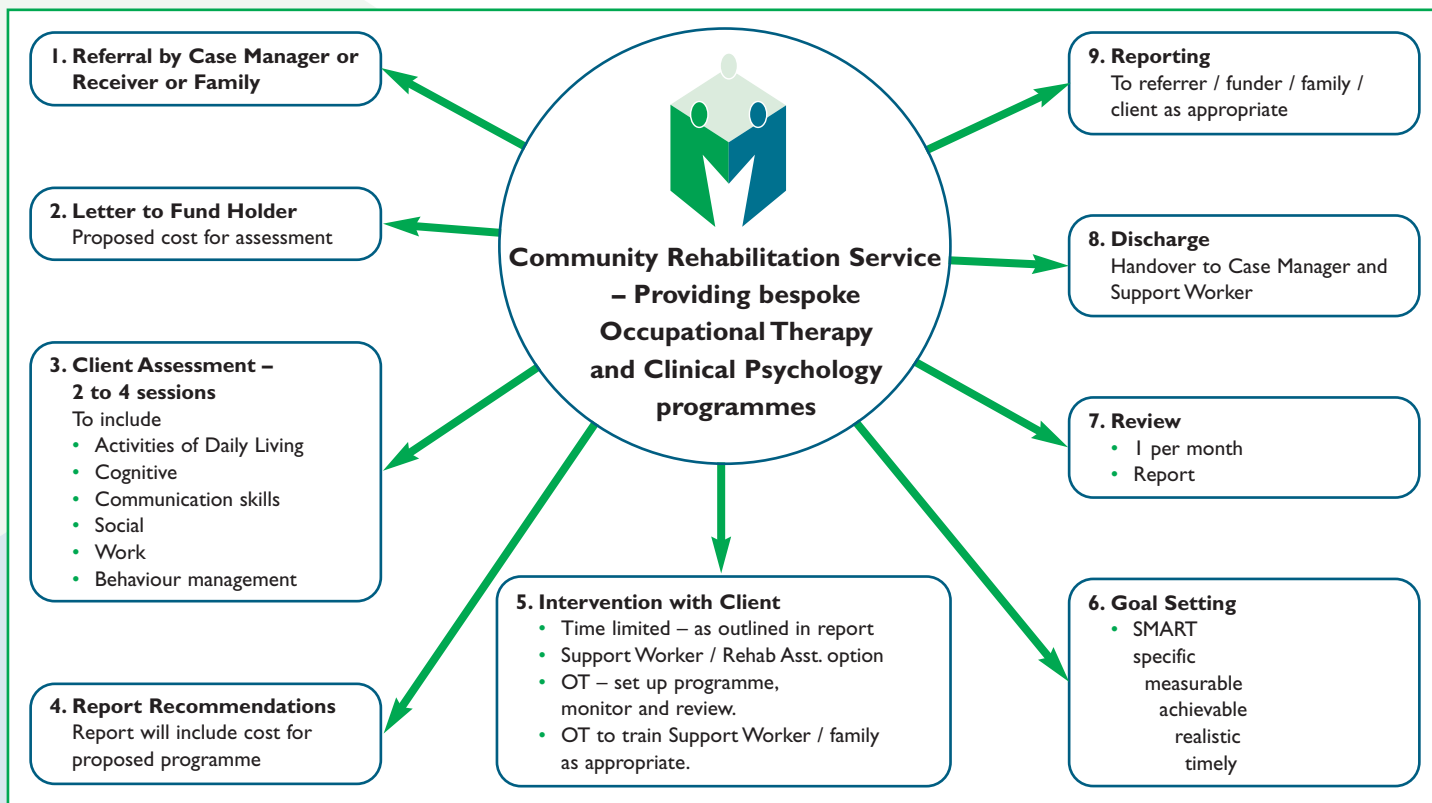
COMMUNITY REHABILITATION SERVICE

Anglia Case Management are now pleased to be able to offer a **COMMUNITY REHABILITATION SERVICE** to our clients comprising occupational therapy input, backed up by supervised intervention from a rehabilitation assistant, with experienced clinical psychology input as required. The service was launched in April 2007.

A significant number of Anglia Case Management clients have considerable rehabilitation needs, both in the early stages of their recovery post brain injury and in the longer term. Finding appropriate rehabilitation, delivered by therapists with relevant brain injury experience, has become progressively more difficult. In addition, statutory service resources are increasingly stretched and intervention is

often restricted for this client group who have complex and ongoing rehabilitation needs. There are also those clients who, for personal, social or behavioural reasons are not able to access rehabilitation services or who refuse to attend their local centre. It is therefore no surprise that the service is already proving to be popular with case managers who are referring an increasing number of suitable clients.

Our Community Rehabilitation Service is a bespoke service which goes out to the client at home and in the community, delivering the rehabilitation in the environment in which it is most needed. Carry over is optimal because the rehabilitation is more readily accepted by the client, and there is no need for the brain injured individual to transfer or adapt the skills they have learnt in a rehabilitation centre to their own environment. In addition, the rehabilitation in familiar surroundings encourages the client to more easily integrate into the home and local community.



OT, Pam Foreman and Rehab Assistant, Kirsty Gray are based at Anglia Case Management offices, and are therefore ideally placed within East Anglia to travel out to clients' homes; Clinical Psychologist, Lesley Murphy, comes to the office once each month for a rehabilitation team meeting, but otherwise sees clients in their own homes. (See back page for photos and resumés of these new staff members)



Pam teaching Tracey strategies to be used when shopping

Case Study

Tracey sustained a brain injury in a road traffic accident 3 years ago when she was a passenger in a vehicle. She was referred to the community rehabilitation service by her case manager to assess her current issues and need for further rehabilitation. Tracey lives alone and currently attends a local sheltered workshop.

Tracey was assessed by the Community Rehabilitation OT at home on three separate occasions. The assessment comprised an initial interview, diaries, a range of self rating questionnaires for attention, information processing, memory and executive function, standardised assessments and undertaking several functional tasks.

Memory, attention, coping with noise and crowds and fatigue were identified as areas of difficulty and goals formulated for each of these areas. Tracey also expressed a keen desire to return to paid employment in the future and it was agreed that this was a realistic goal for her to pursue in the longer term.

Client Priorities	Baseline Performance	Goal
1. To improve memory abilities.	Tends to rely on her support worker to remind her about important information, appointments and activities. Reduced sustained auditory attention and selective attention.	<ul style="list-style-type: none"> To independently use external memory aids. Support worker to encourage and prompt implementation of strategies. To demonstrate an understanding of memory and attention theory.
2. To be able to socialise with friends in pubs and clubs, return to cycling and shop independently for food.	Fatigue minimising ability to go out in the daytime and evenings. Reduced ability to cope with noise and crowds. Hip pain limiting participation in cycling.	<ul style="list-style-type: none"> To plan a balance of activities into each day and week To minimise fatigue and manage information processing deficits. To attend a physiotherapy assessment
3. To reduce fatigue levels.	Limited awareness of the effects of diet, fluid and sleep hygiene on fatigue. Experiencing profound fatigue levels.	<ul style="list-style-type: none"> To implement techniques to reduce fatigue To plan weekly menus and shop for healthy food with support worker. To purchase and successfully use a vibrating pillow alarm to wake each morning.

Once funding is approved treatment sessions will include time with the occupational therapist and rehab assistant to address the above goals.

Just as an example Tracey's treatment plan for the first goal will include sessions on understanding memory and how to use appropriate strategies to assist her with her daily living skills, as well as regular practice in

real settings. The occupational therapist will also be assisting Tracey to utilise memory aids and show her how to use these effectively; again regular sessions with the rehabilitation assistant will ensure that it is incorporated into her daily life. At the end of a block of intervention Tracey will be reassessed and the progress with the goal monitored over time to ensure that she continues to maintain any gains she has achieved.

This is a real example of how the Community Rehabilitation service can assist clients in ways that exceed but at the same time complement the conventional care and support already available as part of a case management package. Please speak to your Case Manager or contact ACM directly for more information.

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WHAT OTHER COMMENTS DID WE RECEIVE ?

A selection is shown below:

FROM CLIENTS AND FAMILIES:

"x is providing an excellent service and her input has been invaluable".

"our case manager is always aware of family matters and needs"

"we feel as a family that x is the first person to understand that we come as a unit and y's head injury affects us all permanently ... We couldn't wish for a better person to be helping us."

"we have found x to be extremely competent and professional. We are very pleased with the current rehabilitation programme"

"I can't begin to say what an excellent job ACM has done for x and our family all without feeling like we are being invaded or taken over. I look forward to many years of us working together."

"our case manager is brilliant. He is like a friend, he does everything in his power to do the right thing by us. I cannot fault him in any way."

"The management of x's care needs have changed considerably since the appointment of the case manager. I, as x's wife feel more settled and relaxed to know now that if any problems or concerns are raised that I am able to talk them through and then the appropriate action is implemented."

FROM SOLICITORS:

"x is an exemplary case manager".

"x has been very proactive in y's Case management which is evidenced by the strong care team and y's own comments."

"x is very proactive and has been extremely effective. His judgement so far has been excellent."

"I have been very impressed by x's management and the service received as a whole. The family cannot speak too highly of your involvement"



COMMISSION FOR SOCIAL CARE INSPECTORATE - UPDATE

In 2006, LINDA MARSDEN joined ACM as our full time Training and Care Coordinator. This was a new post to assist with the co-ordination of the complex

care teams that we manage, and to co-ordinate the training and development of support worker teams who now number over 130 workers engaged with ACM clients.

In October 2007, Linda formally took over from Caroline Ferber, as our **CSCI REGISTERED MANAGER**. This means that she is now directly accountable to the Commission for Social Care Inspectorate (CSCI) for the care services that we provide. CSCI have recently changed the way they inspect services such as ours, and the system now relies heavily on self regulation and quality assurance. At our last inspection we achieved "excellent" or "good" for all categories of our service, but we are aware that we need to continually work at maintaining and bettering this result, which requires ongoing commitment, given the ever changing regulations and legislation in the field of social care.

One recent change for us has been in connection with **CRIMINAL RECORDS CHECKS**, an essential requirement before employing new support workers. Until recently we were allowed to process these checks ourselves but changes in regulations have meant that we now have to use an Umbrella service. Unfortunately this has meant that the system is now slower (an average of 3-4 weeks) and more expensive.

Other changes brought in by the Work and Families Act 2006 have also had to be incorporated into our policies and procedures and have led to staff having increased **ENTITLEMENT TO ANNUAL LEAVE**, and changes in maternity and paternity leave. We have also had to consider and respond to several requests for flexible working arrangements from support staff.

At ACM we now have a busy programme of training which includes **INDUCTION TRAINING** for new workers and a programme of **'MASTERCLASSES'** for those who have been with us for longer. In the next few months we are running sessions on Understanding Memory, Expressing Sexuality, and Teamwork. Most of these workshops are run in-house and we find that all support workers enjoy being able to discuss issues, learn from each other and meet with others doing similar work.

Our support worker **NVQ PROGRAMME** is also well established. All 9 support workers who started their level 2 NVQs last Autumn have completed their awards and some of them have already started working towards their level 3 award – we congratulate them all and it has been good to see that universally their knowledge and confidence have grown, which can only be of benefit to their respective clients. Two of our team leaders are also currently undertaking NVQs in management. Linda has been able to secure a further 20 fully funded places (worth over £1,000 each) through the government's "Train to Gain" initiative, and these support workers started working towards their awards in September. This hive of learning and staff development means that we are well on target to reach the Care Standards requirements that at least 50% of staff have achieved recognised qualifications by April 2008.

A WARM WELCOME TO OUR NEW STAFF



Dr Lesley Murphy

Dr Lesley Murphy joined the Community Rehabilitation team at ACM as a part-time Chartered Clinical Psychologist, in February 2007. Lesley's role involves the assessment of client's cognitive function, in addition to providing advice and therapeutic interventions to clients, their families and their rehabilitation team. Lesley has worked within mental health and neuropsychology for over 20 years, including working with Rehab UK and the Royal Hospital for Neurodisability.

Pam Foreman joined the Community Rehabilitation team at ACM in Spring 2007 as a



Pam Foreman

Neuro Occupational Therapist. Pam assesses brain injured clients in the community and devises and delivers the bespoke rehab programmes. Pam qualified as an Occupational Therapist in 1995 and throughout her career has specialised in the rehabilitation of adults with neurological disorders. Her experience includes the assessment and rehabilitation of individuals with neurological conditions, acquired brain injury, back pain and complex medical and orthopaedic conditions, and the elderly.

The newest member of the team is **Kirsty Gray**, the Community Rehabilitation Assistant. Kirsty is working



Kirsty Gray

closely with both Lesley and Pam, to help develop client's cognitive function. Kirsty has over 10 years experience of working with clients in the support and rehabilitation field, and most recently she has worked as a Senior Support Worker for an organisation that provides home based support to individuals who have incurred TBI.

The Administration team has also welcomed a new member of staff; **Lynne Drury** started work as a full-time secretary in June. She has settled in quickly, and many of you may already have spoken to her. She is proving to be a great asset to the admin team.

Contact Us

Anglia Case Management Ltd
Ticehurst Yard, Beyton Road
Tostock, Bury St Edmunds
Suffolk IP30 9PH

Tel: 01 359 271900
Fax: 01 359 271888
email: info@angliacasemanagement.co.uk
Website: www.angliacasemanagement.co.uk



ANGLIA CASE MANAGEMENT LIMITED