



## What a Difference a Year Makes



*Images in this success story are for illustration only and do not necessarily depict the actual client.*

### Background

For a short period in 2022 some positive engagement had been occurring with this person and they had accessed the community successfully on a couple of occasions with increased staff support and had been more engaged in activities in the service as well.

But in January 2023 the team highlighted to Senior Management a decline in the person's engagement in activities, withdrawing from the service and staff support, becoming verbally and physically aggressive towards staff and refusing to access the centre regularly. When leaving the centre to engage in activities they would refuse the activity, instead choosing to walk or run home, often crossing roads that could potentially be unsafe. In service the person was no longer deemed safe to access the kitchen (despite tea being one of their favourite things) and only had limited verbal communication skills, relying on two or three words repeatedly. These words would mean different things and staff would have to determine what these words meant.

It was felt by many of the staff that they could no longer keep the client or themselves safe and that often their role was one of 'protecting' themselves rather than their caring role.

### What We Did

#### Staff Support

We looked at our staff support to make sure that all staff training was up to date, and that staff shadowing was taking place so that staff who already knew clients well were passing on skills and knowledge. Our regular meetings took a person-centred approach, identifying how we could provide support to better suit the needs of our clients so they felt more included, and so we understood why our clients might feel upset or anxious, and how to remedy this.

## What We Did

### The Environment

We investigated this person's environment to see if that could be having an impact on the way they were feeling and behaving. As a result it was felt that a change in the environment could be beneficial, not just for this person but for a number of people. This led to Oak Lodge, creating small break out spaces for people to use, for any reason, when they needed space. We also repainted many of the spaces, using colours chosen by the clients, and with their help. This helped to reduce some of the sensory stimulation in the centre and we immediately started to notice a change in this person. They found a space they liked and then regularly used this space moving forward. The person allowed others to join them in this space but was also able to decide for themselves if they wanted to interact with other people or not in the main space. They know this space is always available to them as a safe space, but they could still be a part of the service as they could see what was happening.

### The Activities

After a period of adjustment using the new spaces, we looked at what this person did while they were at Oak Lodge and what they did at home to see what other activities or techniques could be used to help them engage more. We discovered they loved, watching and listening to Bollywood films and music, art and craft, and being sociable with others. Both Oak Lodge and the family wanted them to be able to communicate needs/wants in a more positive way. The hope was that one day they may be able to engage in making their own cups of tea again, and even maybe going in to the community to choose lunches and access the local parks etc. There was an understanding by everyone that this would take a long time and that it would have to be on this person's terms. We couldn't push or rush anything, they had to be happy with each stage and we had to be able to recognise when it was a productive day and when it was a relaxing day. As time went on we learnt which things worked the best. We engaged with external professionals to obtain useful insight and information about how we support this person, to add to our knowledge.



### The Hope

Within 6 months of the changes we were already able to see a huge decrease in the number of incidents occurring, the way people responded to these occasions and how they felt afterwards. When they did occur it was no longer a big event, but was still an occasion to learn from. The next step was to brave the kettle and then possibly dare to dream of going into the community.



## What We Did

### Accessing The Kitchen

Accessing the kitchen was only possible with the one or two members of staff who felt confident enough with the person. They felt they could recognise the verbal and non-verbal cues and therefore make a success out of this next step. The staff waited for an opportune moment, which came and went so fast we almost didn't notice. But it was successful - the person had accessed the kitchen and turned the kettle on, with minimal prompting but lots of encouragement and praise. It built from there, completely on the person's terms, if they would head in the direction of the kitchen staff were ready to support them should they make it that far. The process was a long one, working over at least three months of ups and downs. We went through many occasions of just turning the kettle on. But once confident with this, we encouraged them to choose a mug. When the mug was set down ready for tea to be made sometimes the person would be quite happy just taking this empty mug into the main area, but giggling 'look what I have done!'. Next was getting a tea bag from the box and, last but not least, getting the milk from the fridge. Finally after lots of encouragement, support and patience a successful cup of tea was made – from start to finish.



### Accessing The Community

The first visit with this person highlighted the large number of complexities involved in the client accessing the community. The person suffered from some anxiety and resulted in the community access being a negative experience for all rather than a positive one. We reviewed the trip to better understand the person's body language and sensory needs, and what changes needed to be made. So we waited a couple of weeks and tried again.

Two members of staff who got on well with the client, felt confident enough with them to know the best time to go, were assigned to the task. Prior to the next trip in the community, routes and places were discussed, and it was felt a route with limited roads and plenty of quiet spaces would be most beneficial, to reduce the sensory input and hopefully the person would want to return.

## What We Did

### First Trip

The members of staff and the client made it halfway to the park they chose, with no incidents to report, however the person had then wanted a cup of tea, so we came back. This was a huge success in our eyes and meant that for the next trip we knew we needed to take a flask of tea.

### Second Trip

The next trip was a week later, same route, same people, same destination, but this time with a flask of tea and a mug. The person got all the way to the park, had some tea, walked around the park for five minutes but was then spooked by a couple of dogs who were off the lead. This ended the trip and they all walked back. As there were no incidents, we felt this was good progress and we now knew to steer clear of the dogs not on a lead.

### Third Trip

Another week later it was same route, same people, same destination, a flask of tea and mug at the ready, but this time we added a mini picnic to the adventure. Not only did they make it there and back with no incidents, but they spent at least half an hour in the park, enjoying their tea and food, and people watching from a bench! This felt like such an achievement both for the person and the team.



## What We Did

### Noisy Places

The next community challenge was being around noisy places with more people, such as a trip into town. The plan was to support the person with two staff on a trip to Tesco, to choose (for the first time in at least a year) their own lunch. Alas, after several attempts we would only get as far as the High Street and that was enough (sometimes we did not even make it that far). We recognised that the person would get hungry and if we tried community access too close to lunch time for them it was too late and we wouldn't get very far. To counter this we introduced a snack with a morning cup of tea and scheduled a specific time slot for the trip. On the next trip the person was in Tesco choosing their food! Staff consistently relied on the person's body language to determine whether they were likely to get all the way to Tesco or if just stepping out the door that day was enough. This process took longer than going to the park, due to the noise and people going into town and relied on two staff supporting the person for eight months to achieve success, but it was definitely worth the effort from the team.



### Nail Care

The success so far spurred the team on and when we spoke with family again, we asked what else can we do that may help them and the person. The task this time was 'can you cut their nails?' We like a challenge so it was time to start some de-sensitisation, encouraging just gentle hand holding, letting the person get used to nail clippers being around them and praising positive interaction. Within a month, we were able to cut the nails of one hand. The staff kept going and were able to cut the nails of both hands within a couple of months.

With all this positive work we started putting together a daily routine to help with predictability and confidence.



## Client Success

### A Huge Success

The person now accesses Oak Lodge five days a week, every week, and is happy to be here. The only days they don't attend are when they are sick. The first thing they do when they arrive is make a cup of tea, have a snack and then prepare to access the community, where their choice of lunch is purchased. This activity is accompanied with giggles and excitement at the whole process. There are days where the person won't just stop at Tesco but will want to walk around the town, and with only one member of staff.

This routine for the person has huge impact, not just for the person but for the team as well, we all know what we are doing and when – and enjoying it.

### Communication

Verbal communication has improved as well. At times the person chooses to say whole sentences. This is often when they have had enough but this is still a great achievement. As a result of support from external professionals, and a focus on intensive support, staff are now able to understand the person's body language far better than before. This means when their usual two or three words are used we know what they mean and will let the person guide us. This has meant we can now identify a good or bad day/time and know when to provide additional support and when to step back. We have noticed a significant reduction in incidents, from daily to two or three over a six week period.

### Achievements

Not only have we noticed more engagement from this person, but we have also been able to achieve things we didn't think we could. They now feed themselves independently, having previously relied on staff support, often eating in the main area with other people. They have their nails cut every 2/3 weeks which is not only great for them but also hugely appreciated by the family as well. The person will sit in one of the quiet rooms with other people, watching programmes they all enjoy, and interacting with each other. Perhaps the biggest, and most enjoyable, step that no one anticipated, is that we now get hugs! Starting with the members of staff the client felt most comfortable with but now with all staff and even some of the other people who access the service. The family were shocked, and also very pleased, to hear this news.



Initially the team were uncertain if this was the best place for this person. But just over a year later we are getting hugs and find the days the person isn't at the centre are too quiet!