

Valuing People



Outcomes Report December 2008



Introduction

The **tracscare**® Outcome Based Assessment Tool was developed in response to an ever growing drive to improve the prospects of all clients within the tracscare family of companies.

In a long term care environment for clients who may have an acquired brain injury, autism, dual diagnosis, learning disability and mental health needs, it is often the case that the care package focuses on maintaining the clients health and well-being, as opposed to improving and rehabilitating.

By changing the focus to put client outcomes to the fore, the **tracscare**® care team has been given the tools and resources to further develop care plans, which work towards rehabilitation and improvement.

The Outcome Based Assessment tool has now been in place across the **tracscare**® homes since 2007. Repeated assessments have been carried out and the results prove that a small change in emphasis brought tangible benefits to many clients' lives

Deterioration in certain conditions including for example acquired brain injury is often expected, however **tracscare**® has rejected this norm. The outcome based assessment tool enables the care teams to pinpoint areas where clients require support and provide it accordingly. Indeed the enhancement to care brought about by the implementation of the tool is encouraging.

The tool was devised following extensive consultation with key experts in the fields of autism, mental health and acquired brain injury.

As a result of the overall success of this assessment tool, **tracscare**® has developed this toolkit in a bid to share innovations in residential care for vulnerable adults. The basis of this toolkit can be used across the social care sector, and could greatly improve the lives of vulnerable adults at each and every stage of their lives.

Philosophy

At **tracscare**®, the emphasis is on the commitment to support clients toward leading a life, which is as fulfilled as possible. The policy has always been to place value on individual beliefs choices and aspirations, promoting maximised independence and community integration and providing a safe nurturing homely environment.

Frequent consultation with commissioners has enabled **tracscare**® to tailor make residential care packages which are truly unique and individual.

Comprehensive staff training programmes ensure that the highest quality of care is provided at all times and the team are encouraged and supported in trialing new initiatives which will have a positive effect on the clients. This approach has been successful and given rise to a number of procedures and systems which are then adopted throughout the company. Examples of this include introducing client focus sessions so there is real service user input into daily home life.

Similarly, the *Accident Root Cause Analysis* took the latest advice for business from the Health and Safety Executive and was then revised to take into account a residential care setting and was implemented in the homes, greatly reducing incidents or accidents which were detrimental to clients.

Innovation is a core focus at **tracscare**® and empowering staff so that they can act with autonomy is an essential element of the **tracscare**® philosophy.

Expert Consultation

The framework and process for the Outcome Based Assessment Toolkit was conceived by **tracscare**'s Operations Director, with support from **tracscare**'s clinical team. The company then invited clinical input from a range of experts in the fields of autism, mental health, challenging behaviour and acquired brain injury.

As part of the autism accreditation process, a series of consultations were held with the National Autistic Society in the development of the programme for autistic clients. The toolkit seeks to combine clinical and social support systems in a way which makes it easy for the care team to implement and monitor improvement.

Professor Roger Wood and Dr Neil Rutterford, leading clinicians and academics in the field of acquired brain injury, worked with the **tracscare** team to devise a format to improve outcomes for clients with ABI.

The mental health assessment was developed by **tracscare**'s Simon Trehearne, a registered nurse in mental health, who has worked for **tracscare** for a number of years. The procedures and systems he pioneered for clients with mental health needs were clinically ratified by Denise Whitworth, a chartered clinical psychologist.

Don Barron, **tracscare**'s retained consultant behavioural therapist, worked to devise the challenging needs matrix. This tool identifies core behaviours, which have a detrimental effect on client quality of life, with the aim of establishing strategies to address or reduce the impact of these behaviours.

This clinical input and experience enabled **tracscare** to develop four distinct assessment tools. By dealing with mental health, autism, acquired brain injury and challenging behaviour separately, yet within the overall framework of outcome based assessments, **tracscare** was able to roll the programme out across all of its homes, to the benefit of all clients. This has been integral to the company's commitment to provide a clinically specific service for each of its client groups.

Methodology

At **tracscare**, it was recognised that any assessment tool developed needed to be clinically specific. It was also accepted that any tool developed needed to reflect clinical needs within the context of a residential setting and to fundamentally interlink with the care plan in order to produce positive outcomes for clients.

Implementation

- A training programme was introduced to provide staff with the skills to utilise the assessment tool
- The assessment tool is completed by the client's keyworker with support from **tracscare** clinical team
- The revised **tracscare** assessment process determines that an assessment is undertaken prior to a client care plan review, initially providing a baseline score and identifying areas of need
- Based on discussion of the assessment feedback at the review, the client's care plan is adapted to incorporate identified needs and to determine strategies to support clients where possible to address these needs or where not possible to minimise their effect on daily functioning
- Prior to subsequent reviews, the assessment is revisited with any progress being highlighted in the revised outcome score
- This ongoing process provides feedback for the reviewing team and allows for any remaining needs to become the focus of the revised care plan

Assessment Tool

Autistic Spectrum Disorder Assessment; the focus is on the triad of impairment and its impact on the clients' daily living. This assessment has been approved by the Autistic Society within the Autistic Accreditation process.

The assessment measures individual functioning in the following areas:

Communication	Relationships	Sensory experience	Rigidity of thought
Choice	Self-occupation	Self-management	Positive well being and self-worth

Mental Health Assessment (MHARC); emphasis is two-fold, firstly with the *Mental Health Impact Rating Scale* exploring the impact of the clients' mental health on general well being and secondly, the *Independent Lifeskills Rating Scale*⁽¹⁾, exploring the impact of the client's mental health on daily living skills.

The assessment measures the impact of the following mental health presentations;

Delusions	Hallucinations	Depression	Emotional profile	Suicide ideation
Anxiety	Bi-polar	Obsessive / Compulsive Disorder	Communication Profile	Self-harm risk

Acquired Brain Injury Assessment; the care team explore the challenging behavioural aspects and neuro-behavioural symptoms associated with an acquired brain injury.

The assessment measures the impact of the following on the clients' daily functioning :

Emotional control	Challenging behaviour	Anger management	Communication	Self-harm profile	Orientation to time/place
Social disinhibition	Sexual	Impulsivity disinhibition	Appropriate expression of emotion	Paranoia	Anxiety
Dysexecutive syndrome/ ability to plan	Concentration	Memory	Assimilating new learning	Motivation / Initiativeability	Motor coordination

Within the client care plan, the Acquired Brain Injury Assessment translates into compensatory strategies to address some of the identified cognitive deficits, plus behaviour support plans to assist with some of the challenging and neuro-behavioural symptoms.

As with Mental Health this assessment also links, where appropriate, to the Independent Lifeskills Assessment ⁽¹⁾

Challenging Needs Assessment

The Challenging Needs Assessment takes a different format to the other assessment tools, primarily consisting of a computer programme to monitor the targeted challenging need or behaviour with a base line assessment taking into account variables impacting upon a client's behaviour. Ongoing re-assessment monitors the effectiveness of interventions.

This assessment is generally utilised with the Learning Disability / Challenging Needs client group or the Dual Diagnosis (Learning Disability with Mental Health Needs) client group. It links clearly into the care plan or behaviour support (reactive management) plan.

Proposed interventions are overseen by the consultant Behaviour Therapist or *tracscare*[®] Behaviour Advisors or Clinical Support Nurses. The programme allows for outcome score comparisons over time and graphed feedback to care reviews allowing analysis of all relevant variables. In addition, the programme facilitates the measurement and analysis of positive behaviours.

⁽¹⁾the Independent Lifeskills Assessment examines functioning in areas such as home making (menu preparation, shopping, cooking, food hygiene, cleaning, laundry, personal care), financial self-management, medication self-management, social / community integration, and general health self-management.

Outcome Results

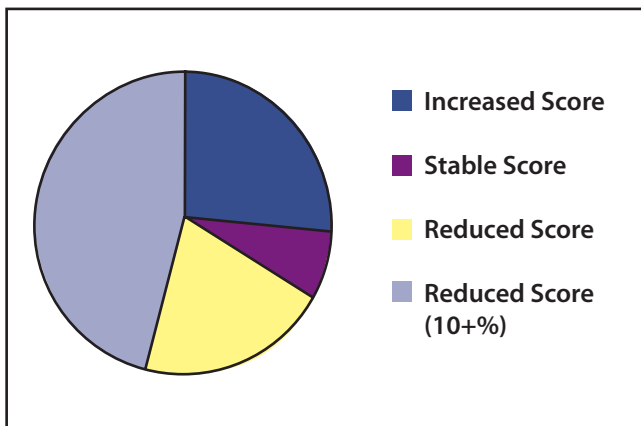
A year after full implementation across *tracscare*® the assessment results demonstrate to the staff, clients, their families and social workers that in the majority of cases the tool enables the company to deliver measurable and positive outcomes.

Entering year two of the clinical assessment process, the majority of *tracscare*® client care plans have benefited from successive assessments allowing for measurement of outcome scoring and within this process the measuring of client progress.

All of the outcome assessments measure frequency of negative effects. Therefore initiatives within care plans strive to reduce frequency. Thus a reduced outcome score is a positive result.

To date *tracscare*® report the following outcome results;

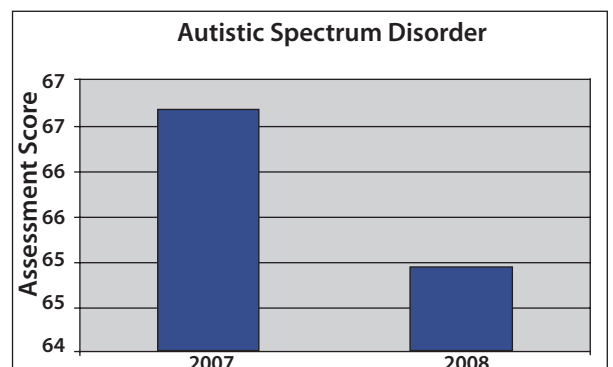
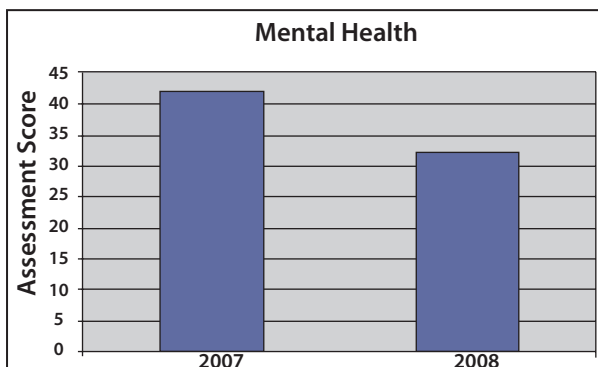
Increased score / deterioration	Stable score	Reduced score/ improved outcome of up to 10%	Reduced score/improved outcome of 10% plus
26.75 %	6%	21.5%	45.75%

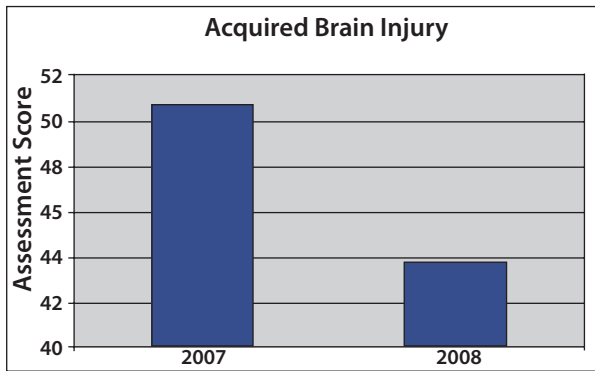


Thus, *tracscare*® is able to demonstrate that in the case of 67.25% of clients supported, it has been able to effect positive change.

This is also the case when looking at individual client group outcome scores, as seen from the graphs below. Outcome scores in the mental health homes have shown an improvement of 10.1%. The Autistic Spectrum Disorder client group, as might be expected due to the permeating influence of the triad, has shown less dramatic change with an improvement of 1.8%. However, this change will have real significance for the skill development of individual ASD clients. Finally, the acquired brain injury client group has shown an outcome score improvement of 7.1%. The challenging needs tool is still at the second trial phase and as yet does not offer statistical feedback.

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tracscare® approach to clinical assessment scoring measurement and progression is in the interests of commissioners seeking measurable outcomes and accountable fee expenditure, it is in the interests of staff in terms of professional development and job satisfaction, and most importantly, it is in the interests of clients in increased positive mental health, independence skill development and community integration.

(Foot note : Within the assessment process, it is acknowledged that there are occasions due to the specific client groups, eg mental health relapse, or degenerative aspects of acquired brain injury (strokes, brain tumours, etc), where outcome scores may not always continue to show progression. However, Outcome Based Assessment Tool ensures that positive outcomes remain the focus of care interventions.)

Case Study One

Andy (not his real name) has learning difficulties and mental health needs.

When his home manager first met him, he was a very vulnerable and frail. He had an extremely limited appetite and was fearful of life outside the home. His health issues had led to a serious loss of self confidence and Andy was unable to stand up for himself or follow his own convictions. This made his life very difficult. Andy also had a longstanding addiction to tobacco.

Following his initial mental health assessment, these issues of self confidence and the anxiety and tension he felt were identified and his care plan devised to address them. His score at that assessment was 42%.

His level of confidence was identified as a key issue to address. Additional one to one time with his support worker helped enormously. At his request he has a pet rabbit at the home and this has given him a focus. He takes responsibility for all the care, cleaning and feeding of the rabbit.

One area which caused Andy great apprehension was life outside the home. However, with the encouragement of his care team Andy has now progressed to being able to travel independently on public transport. He also received acupuncture treatments to help him overcome his tension and anxiety. He has a mobile phone and his care team phone to encourage and support him at half hourly intervals while he is travelling to and from his home on family visits.

His growing confidence also means he is willing to stand up for himself. Anecdotally, his care worker asked him about his list of chores he had to complete before going on a home visit. He was confident enough to complain that there was more than one day in a week to get everything done. A major step as before he would have internalised this and his confidence and happiness diminished.

Finally, while still addicted to tobacco, he is now managing it within his budget. He works out his budget and sorts the tobacco into daily pouches. He has taken control in this area which is a huge step forward.

At the time of his second assessment, Andy's score had reduced to 28.8%.



Case Study Two

Kate (not her real name) has an acquired brain injury as a result of Hydrocephalus. She was diagnosed after being admitted to hospital displaying a range of bizarre behaviours. She came to [tracscare®](#) in 2007 following a procedure to insert a shunt to relieve the pressure on her brain.

She was heavily medicated on arrival, which led to her sleeping a great deal of the time. She was also incontinent. However she was not displaying any of the behaviour patterns apparent during her hospital stay.

Following her first assessment her score was 42%.

The care plan was devised with the immediate objectives to reduce the medication and to work towards her eventual goal of returning home to her family.

The medication was reduced slowly. None of the bizarre behaviours reoccurred and Kate became continent again.

As her physical wellbeing returned, with staff support Kate enrolled on two college courses locally. She now does cookery and a life skills course. She has gained greater degrees of independence and is able to go to the local shops unaccompanied.

She has also improved to the point that she is able to go home to her husband at weekends and during his holidays. She hopes to go on their annual holiday to Scotland later this year.

In addition the care team has been in touch with Kate's former employer who is eager for her return to work. They are conducting a number of meetings to facilitate this and it is hoped that she will be able to return soon, initially on a part time basis.

At her most recent assessment, in February 2008, Kate's score had reduced to 20%.

[tracscare®](#) management would like to express their gratitude for the encouragement and support given by the companies late Chairman, Iestyn Williams, who provided the early impetus for [tracscare®](#) to move towards outcome based care.

For more information on **tracscare**[®] telephone:

08701 020202



PO Box 4, Swansea SA1 3YJ

tel: 08701 020202 fax: 01792 795386
email: info@tracscare.co.uk www.tracscare.co.uk