

Service Provider & Location	Combat Stress, Audley Court, Newport
Contact Information	Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS
Information Website	<a href="http://www.combatstress.org.uk/veterans/">http://www.combatstress.org.uk/veterans/</a>

## Combat Stress Centre (Newport)

### Introduction

Healthwatch Telford and Wrekin representatives visited Combat Stress, Audley Court, Newport as part of the *Enter and View* process. Summaries and reports of the visits and meetings are included as follows:

- Initial meeting of Healthwatch Chief Officer and an E&V Representative with Helen Gilbert - Treatment Centre Manager, with the purpose to understand the nature of the facility and service provided, and any requirements for *Enter and View* activities. (19<sup>th</sup> October 2016)
- First Impressions Summary (19<sup>th</sup> October 2016)
- Feedback and observations from visit carried out by 2 E&V Authorised Representatives (18<sup>th</sup> November 2016)
- Summary report from attendance at Veterans' Forum (3<sup>rd</sup> December 2016)

## Initial Meeting at Combat Stress Audley Court on 19<sup>th</sup> October 2016

The manager advised that the model of care provided at Audley Court changed about two years ago, and has become much more focussed on recovery. Previously the unit was run more as a care home and offered respite. These changes may have caused anxiety for those involved at the time.

Since the manager joined the organisation (12months ago), individuals who may have been affected by these changes have been contacted to find out if the veterans may be able to benefit from some of the short courses or community care packages now available.

Treatment at the centre involves one of two models and each veteran has a bespoke package:

1. The first is a 6-week intensive therapy module and veterans must commit to the full package. This can cause problems for some as a 6-week stint away from home may not always be possible. The package is 'CBT-based' and involves a lot of therapy work. This is commissioned by NHS England, and must include a minimum of 15 therapy sessions, with potential for 24 sessions as follow up. A follow-up appointment after 6 weeks is part of the commissioned package, and is supplemented by 6 and 12-month postal follow up. Places must be offered within 8 weeks of referral as part of the NHS contract, although it may take longer for veterans to access the service if they have outside commitments. Veterans may attend any of the three treatment centres and programmes re. the same across the organisation.
2. The other care packages are 2-week specialist courses that look at the different needs of the veteran. These include 'transdiagnostic programme', anger management, and stabilisation, for which there is a high waiting list (of more than 12 months) and funding comes from charitable donations. Waiting times for most of the 2-week courses are greater than 12 months.

Combat Stress offers community support through a hub model. There are 5 Hubs in the Central Midlands region, located in Royal British Legion offices. There are some issues with this model as veterans may find accessing the hubs difficult. A lot of community work involves signposting veterans to appropriate services. Only a small proportion of the veterans engaged with Combat Stress come from the Telford and Wrekin community. Veterans frequently report to Combat Stress that using NHS services is difficult because "Civis don't understand".

Audley Court has 29 beds, some of which are en-suite. Women are always allocated en-suite facilities, but the number of women using the service is very low. Occupancy for the home is usually 20-25 beds. The 6-week programme is delivered to cohorts of 8 veterans. There has been a 71% increase in referrals over the last 12 months. Admission is always based on criteria and there is absolutely no restriction on age or condition. There is a need for veterans to be "stable" when coming into the service which can cause delays in admission. Drink and drugs are not permitted during their stay, and veterans must be 'clean' and 'sober' when coming in. A '6-month sober' rule is currently in place but this is being

reviewed. (This has now changed and is individually risk assessed prior to offer of a residential programme).

A Veterans Forum is held every Saturday morning. This is a minuted session and minutes are reviewed by senior management on Monday. Feedback is included at the next Forum meeting. When we visited, a copy of the Forum minutes was available on one of the main corridor display boards. Healthwatch Telford and Wrekin was invited to attend a Forum meeting.

The manager advised that she (Combat Stress) has a project coming up to investigate what else could be done for people who don't fit the criteria anymore? The manager is also keen to look at alternatives to the 6-week programme, as commitment to the full 6 weeks can put the programme out of some people's reach. (The organisation is addressing both of these points in a 5-year Strategy Plan)

We discussed the possibility of a 'discharge survey' (in the form of a telephone survey) once the veteran has gone home, and she was very keen to collaborate on this.

The manager suggested that the E&V visit should be held on the Friday of the Families weekend, which is usually 4-weeks into the 6-week programme. Family members would be within the unit during the Friday, before taking their loved-one's home for the weekend.

Initial actions agreed were to visit a Veterans Forum, and a further visit towards the end of November for 2 Volunteers to talk with veterans.

## **First Impressions**

We received a warm and friendly welcome at reception identity was checked - they knew Healthwatch were visiting them. We were greeted by the manager who was relaxed, professional and made us feel welcome. The manager was very enthusiastic and positive about the unit and the people who worked there, and demonstrated a high level of commitment to providing support and help to those that use their services, with the aim of moving them forward in their lives (by using the coping strategies and behaviours developed whilst at the unit)

The whole place looked well cared for including the garden area that provided a restful and comfortable environment with easy access and plenty of seating designed to "catch the sun" at any time of day.

The staff (8 members of the team were observed) were enthusiastic and positive and it was obvious that they had a caring mind-set towards those that they looked after. The OT area was like a breath of fresh air - supportive, full of fun and encouragement - it was great to see positive reinforcement in action. 'An oasis of peace with the occasional laugh thrown in!' What shines through is the effort being made to be patient centred.

## Visit on 18th November 2016 (11.45am to 15.45pm)

### Introduction - Arrival at Newport Centre

A visit to the Combat Stress Centre at Audley Avenue, Newport had been arranged and 2 Healthwatch Telford and Wrekin E&V Representatives with relevant 'Services' experience attended to observe the facilities with its specialist role of supporting ex-military personnel experiencing the effects of Post-Traumatic Stress Disorder (PTSD) and talk with veterans present.

Good visual walkway was observed from main road to signage that provides clear directions to the reception.

Well positioned easy to read whiteboard(s) in the reception area provides information that includes the key points from the Saturday morning veterans' forum and what follow-through action had been (or will be) taken.

There is a leaflet dispenser opposite the reception desk that included the Healthwatch feedback forms.

On arrival at reception and whilst awaiting the arrival of the centre Manager, an insightful discussion ensued with an employment officer for Veterans with Mental Health problems, who had personally benefitted from the Combat Stress Centre's services in the past. The employment officers for Veterans worked under the auspices of 'Enable' (part of Adult Services) and on behalf of NHS Foundation Telford and Wrekin covering South Staffs and Shropshire - with sponsorship from the Shropshire County Council. Working under the banner 'Walking with the Wounded' the team Leader worked an average 22-hour week. They concentrated on 'Individual Placement and Support' (IPS) for 12 clients currently, and there was a further 32 on the waiting list who faced a wait of 4 to 6 months for support. 13 clients had been found work placements in the past 7 months. Positions found included Care Home work, maintenance management and general work supervision. Much work was done with employers to explain the support that workers needed to overcome destabilising triggers, but also the benefits that service personnel could provide to the employing organization.

### Tour of Facilities

The Centre Manager provided a detailed tour of the facilities and explained the support available in the 2 residential packages; a 2-week, and a 6-week, remedial and rehabilitation programme.

Highly trained medical staff, psychologists, and support workers provided 24/7 assistance in well-equipped and spacious surroundings.

We observed individual bedroom accommodation and welcoming dining and relaxation areas - which encompassed games rooms, a library, TV rooms, a gymnasium, and extensive gardens could be casually enjoyed or residents could roll their sleeves up and get close to nature. Trips to a local swimming pool were regularly organised.

A light and airy Occupational Health Therapy room offered an impressive range of stimulating practical activities, and highly trained OT staff encouraged and cajoled, or stood back with infinite patience, as residents struggled to come to terms with unfamiliar situations designed to unlock their creative and un-regulated relaxation activities.

Although most of the residents were male, a small number of females attended the courses and there were facilities for disabled clients, although they were required to be able to get around independently with appropriate aids. Access doors were designed to permit the use of wheelchairs and kitchens/bedrooms were designed to be user-friendly for residents in wheelchairs.

### **Discussion Group with Significant Others**

A group of around 15 'significant others' attended a discussion group with 4 staff members, to gain an insight into the challenges of supporting family members with PTSD. Staff expanded on the services the Centre provided with the aims of mitigating and providing coping strategies for some of the problems that residents were presently experiencing, or were likely to face. They explained the importance of significant others understanding the symptoms and effects of PTSD. Rules for residents were explained including: time-outs, behaviour, attendance times and break times etc. Group discussions featured topics including the symptoms of PTSD - anger, disinterest, shutdown, aversion to loud noises, and avoidance of crowds and crowded places.

An interesting montage involved 2 scenes - a cyclist travelling along quiet twisting country lanes, and a hectic scene involving crowds in a busy and crowded London venue. The montage concentrated on what dangers a person living with the effects of PTSD might imagine in seemingly unthreatening surroundings, based on previous traumatic events and situations.

An insight into the areas of the human brain followed, and an explanation of the psychomotive models of PTSD. It concentrated on trauma focussed reactions and the potential benefits of Cognitive Behavioural Therapy.

Other topics included:

- An expansion of the role of Occupational Therapy treatment.
- Getting involved in meaningful activity, and the life/work/occupational balance.
- Major components: Productivity, Self-care, leisure.
- Allow some me-time!
- Wellness
- Recovery
- Action
- Plan
- Use of WRAP - a preventative guidance tool was introduced in a format familiar to military/ex-military minds

### **Role of Nursing in Treatment**

Treatment is 24/7 as problems include disruptive sleep.

Veterans experienced 3 elements supported by 3 distinct staff.

1. Recovery support
2. Medication needs and risk assessment
3. Care plan: mental and physical health

Techniques used included: relaxation/coping strategies/goal setting

## Support Workers in Treatment

14 staff are involved in support work, which includes cover at nights and weekends. Support work includes:

- Initial registration / paperwork
- Activities: gardening, gym, cycling, swimming, library.
- Reclaiming/reinventing life activities
- Facilitate mindfulness and relaxation, often lying down on the floor.
- Prior to bedtime
- Anxiety management/sleep promotion
- Diaries, recording patient notes
- Graded exposure to situations
- Suppress anxiety involving trips to shops
- Record a 'baseline' - 'physical obs' on admission, Blood Pressure etc

Support provided after the 6-week programme:

- Family support
- WRAP
- Encourage small steps/momentum
- Agree strategies/ allow space and time
- Thought diary/breathing skills
- Discussions on 'how can I help'?
- Manage expectations
- Acknowledge own self-care

## Remote Help

- A Combat Stress helpline is supported 24/7. The Newport Centre will answer veterans and families support needs out of hours, where possible.
- GP Support - Post courses
- Medicine regime
- Helping to change doctors, if necessary, to find effective support; GP practice levels of support and professional knowledge differ - which is a source of frustration for the veterans and their families!
- Setting up of 'significant others' and veteran 'peer support groups'

## Exit and Signing out via Reception

The Receptionist explained how much she enjoyed her role and the job satisfaction she felt in helping people who were in so much need. She set a poignant vision of how some veterans had arrived in the car park prior to booking-in to reception at the start of the course, and had hesitated sitting in their cars for long periods of time, before finally plucking up the courage to enter the Centre. Sometime some confided in her that it was the most difficult thing they had ever had to do.

## Visit Feedback and Observations

Discussions were held with two veterans who were ‘about to join’ a support programme, two members of the nursing team, two clinicians, two admin staff and one domestic services team member, as well as four veterans from the ‘current 6-week cohort’ who were at the half way point of their programme. In addition, discussions about the results of our observations were held with senior management at the end of the visit.

We attended (with the permission of the families) the group session - “significant others’ afternoon”

Veterans ‘about to join’ a programme were very positive about the opportunity, and spoke highly of Combat Stress and the way veterans were supported. They felt very strongly that more locations should be set up and funded to provide the programmes and support, in view of the increasing need for their services. There seems to be strong “word of mouth” recommendations going on. Those present mentioned that Combat Stress had staff who understood the unique nature of the needs of service personnel who had experienced trauma.

Those veterans who were halfway through their programme commented as follows:

- Getting on to a programme took some time in view of the increasing demand for places
- Support from the NHS was patchy and lacked continuity - did not feel any real benefit from attending something one hour a week (“the pennies were dropping in the slot but not doing anything”)
- GPs in the main did not understand their needs
- It was great to be in an environment in which those around them understood the military family mentality
- Looking out for each other was a great benefit
- Some employers sacked them if they attended a 6-week programme, and some employers did not pay them for their time away (Some did not know that they could get a “support letter” to their employers from Combat Stress)
- One veteran felt particularly disoriented on arrival, and said he would have benefited from more direction/guidance (where to go/what to do)
- Some veterans initially found the science/terminology being used a bit difficult to grasp, but were OK with it now (they could see how it works for them)
- All veterans were greatly appreciative of the level of support, advice and guidance that they were receiving. They also recognised that they were beginning to understand the causal factors of their behaviour issues, and were very positive about continuing with the next three weeks of their programme
- Everyone commented very positively about the facilities available to them, and the scope to find a “quiet place” to just sit and relax.

The programme is monitored against specific outcomes over time, and the results are included in the research that is currently being carried out by Combat Stress.

Staffing - it was clear that this is a ‘joined-up’ service in which everyone exchanges important information to ensure that the care given is individualised (albeit there is programme structure) and is responsive to each person’s need. There is an atmosphere of peace, caring and warmth towards the veterans - it is real (congruent), and all the staff talk positively about the satisfaction they get from working at Audley Court. Some members of staff mentioned their negative experiences in previous work environments and how refreshing it was to have the opportunity to work as a team to support the veterans.

The group session with the families/significant others was observed to be an excellent approach that is designed to help everyone to support the veterans in the right way by giving them an awareness and understanding of the residential programme. The session also covered the science that underpins the approach, as well as explaining the role and activities of the staff involved in the programme and support. The way the session was run created an atmosphere of trust and openness in which questions, fears, and concerns were shared, and responded to with sensitivity and professionalism.

The Wellbeing Recovery Action Plan (WRAP) document was thoroughly explained and suggestions were made on how to make the best use of it. A collaborative approach with the veterans when they were back in their home environment was suggested. The WRAP was well received and there was a recognition that it could also help in the wider sense by improving communication and help to build a dialogue with their loved ones.

At the end of the session further suggestions were explained and explored regarding what to do next (and how) - for example ‘*encourage small steps and keep a structure/routine*’. Finally, the idea was floated about keeping in-touch with each other, and perhaps forming some sort of ‘support group’ linked to Combat Stress, and this was well received. Leaflets relating to the ‘Ripple Pond’ and the ‘Big white wall’ were also provided, along with copies of all the PowerPoint slides that were used during the presentation. “Why is my Daddy Angry” was also discussed.

General Practitioners and their role - a member of the admin team explained the Combat Stress initiative to raise the awareness of GPs in respect of ‘*what to look out for and what to ask*’ contained in the leaflet that is circulated to them (“A guide for GPs - Referring veterans with mental health problems”)

## **Audley Court Veterans' Forum Visit (Saturday 3<sup>rd</sup> Dec 2016, 09.50 to 1145am)**

This meeting involved observing the fortnightly Veterans' Forum - on this occasion attended by 7 veterans and 2 members of staff (one senior OT practitioner and a recovery support worker)

The forum was set up early last year, and now has a tried and tested structure and approach that has been refined in consultation with those who take part in the regularly-held meetings. The Forum is designed to provide all veterans with the opportunity to voice their views on the quality of services and support that they receive, and influence practice, policies, and procedures. All views are written down and responded to and are followed through at the beginning of each subsequent session to ensure that they have been dealt with effectively. All members of the management team, clinicians and support staff take part as appropriate in responding to the topics raised by the veterans.

During the meeting on 3<sup>rd</sup> December the senior Occupational Therapist practitioner facilitated the meeting very professionally and made sure that each person's contribution was listened to. Agreement was reached on what should be recorded for follow through and this was written down.

Example comments and topics discussed include:

- The lack of understanding within General Practices of how veterans should be treated and supported (“we are not understood”)
- Difficulty in being diagnosed with PTSD (“it takes a long time”)
- Where to go when we need help (many areas) - now and in the future
- More support for families essential (“An information pack and suggestions on how to support us once we leave Audley Court would be useful”)
- Varying the evening meal time (for some)
- Keeping notice boards up to date, and reducing the clutter
- On occasions, finding a quiet room can be difficult
- Dealing with employers can be stressful and security of employment varies - what more can be done to help us? Also, more opportunities needed for those labelled as unemployable?
- We need to change the perception (other people) that we come here “to get fixed” - it's not as simple as that.

In addition to the above, many positive comments were expressed about the high standard of care and support provided, and these include:

- Veterans are treated with dignity, respect and sensitivity by all members of staff regardless of their role or “rank”
- Care is individualised - “when you press the button someone arrives very quickly”

## Disclaimer

Please note that this report relates to observations and feedback on the specific dates as indicated. The report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## What is Enter and View?

Part of the local Healthwatch programme of work is to carry out Enter and View visits. Trained local Healthwatch volunteer representatives carry out these visits to health and social care services to find out how they are being run, from the perspective of the people who use the services, and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery, and talk to service users and their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share through published reports, examples of what they do well from the perspective of the people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead, and a concern raised. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.