

Fairlight Female Acute Unit

The Langford Centre, Fairlight Acute Unit offers an extension to NHS acute services during times of fluctuating demand and bed pressures.

The service supports up to fifteen female Service Users in a purpose-built environment with en-suite bedrooms and direct access to outside private garden space. The unit benefits from its own entrance and access away from the main hospital and allows for emergency admissions to take place from a secure access point.

Service Specification

Bramley Health work closely with NHS Trusts and Clinical Commissioning Groups to support acute bed pressures and in turn reduce lengths of stay for Service Users needing an acute setting. We help support Service Users with a broad range of Mental Health conditions in a therapeutic and conducive environment.

Our MDT work towards offering evidence-based treatment programmes supporting a range of conditions and focus on supporting Service Users from relapsing back into acute and inpatient services. We work collaboratively with placement and discharge teams to ensure seamless and effective transitions back into least restrictive and community services.

Our care pathway at Bramley Health includes supporting Service Users in various environments such as Secure Services, Mental Health Inpatient Rehabilitation Services and specialist Care Homes with nursing.

Our specialist clinical team support a wide range of Mental Health conditions and provide evidence-based treatment and therapeutic programmes. Our clinical team use and work towards the National Institute of Health and Care Excellence (NICE) approved interventions.

How to Make a Referral

We can support referrals Monday to Friday between the hours of 8:30am and 5pm. Our services work towards a two hour turn around time for all referrals needing an acute admission.

Landline: 01424 819 829

Mobile: 07467 481 884

Email: acutereferrals@bramleyhealth.co.uk

Click [here](#) to visit our website for more information or to submit a referral form.



Assessment Process

Once a referral is made, we aim to assess and confirm suitability within two hours of the referral form and accompanying clinical documentation being received. Our Referrals and Admissions Coordinator will confirm suitability for admission and the Service User can only be admitted to the service once a completed and signed funding form has been received. As part of the admission plans, we ask that each Service User is admitted with original Mental Health Act paperwork, five days of TTO's and any other relevant clinical or medical documents accompanying the Service User. All Service Users will be required to have a LFT and PCR on admission. Further LFT testing will be undertaken for a subsequent six days and a PCR on day three and six. We work closely with our customers to facilitate a smooth transition into the hospital.

The Multi-Disciplinary Team

HOSPITAL DIRECTOR // WARD MANAGER // CONSULTANT PSYCHIATRIST // STAFF GRADE DOCTOR
// REGISTERED NURSES // THERAPIES COORDINATOR // SOCIAL WORKER // SUPPORT WORKER //
SENIOR SUPPORT WORKERS // COMPLIANCE OFFICER // REFERRALS & DISCHARGE COORDINATOR
// MENTAL HEALTH ACT ADMINISTRATOR // RESTRICTIVE PRACTICE INTERVENTION LEAD

Inclusion & Exclusion Criteria

INCLUSION

FEMALE

18+

REQUIRES ACUTE HOSPITAL ADMISSION FOR ASSESSMENT OR TREATMENT OF MENTAL HEALTH DISORDER

CAN HAVE COMPLEX NEEDS / CHALLENGING BEHAVIOURS

CAN BE INFORMAL AND CAN ALSO BE DETAINED UNDER CIVIL SECTIONS OF THE MHA (PART 2 OF THE ACT).

CAN HAVE OFFENCE RELATED BEHAVIOURS OR AN ESTABLISHED FORENSIC HISTORY

EXCLUSION

IQ LOWER THAN 60 - MODERATE TO SEVERE LD IN THE ABSENCE OF AN ESTABLISHED IQ SCORE

PRIMARY DIAGNOSIS OF ASC - ESTABLISHED

SIGNIFICANT PHYSICAL DISABILITY REQUIRING HOISTING.

SEVERE AND COMPLEX PHYSICAL HEALTH CONDITIONS

RESTRICTED PATIENTS UNDER PART 3 OF THE ACT?

PREGNANT

RECENT HISTORY OF ARSON



As part of the ongoing support and services offered on our acute ward, we also tailor and complete an individual care and treatment plan for every new admission which includes the following items:

- A daily risk assessment to evaluate the client's needs and to offer a least restrictive environment to their recovery plans
- Weekly clinical update reports for our commissioners and placement teams
- Formulating a full treatment and care plan which is person centred
- Full health screening check
- Support to access our advocacy services
- Social needs and financial planning support
- All Service Users have a full weekly clinical review as part of the ongoing MDT review that supports clear transition and discharge plans