

FOREST LODGE:

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Forest Lodge is a specialist complex care home with nursing that supports up to 43 male service users and includes 24 hours nursing.

Atherton (ground floor) 9 beds

Supporting male service users of a working age with a neuro degenerative condition, mental health diagnosis, varying degrees of physical disabilities and an expectation to present with behaviours at time that may challenge the service (low level). Referrals typical from General Hospitals and Neuro Rehabilitation Hospitals.

Atherton (ground floor back) 5 beds

Supporting male service users of a working age who have an ABI/TBI, most likely coupled with an identified mental health diagnosis. All service users present with behaviours which at times may challenge the service.

Referrals typically from Locked Hospitals (step down) and community services where the placement has broken down due to challenging behaviours.

Claremont (1st Floor) 16 beds

Supporting male service users typically 65+ who have a neurological condition most likely coupled with an identified mental health diagnosis and who exhibit behaviours that may challenge the service.

Referrals typical from Neuro Rehabilitation Hospitals, Locked rehabilitation Hospitals and community services where the placement has broken down due to challenging behaviours.

Heartland (2nd Floor) 13 beds

Supporting male services typically 55+ who have an identified mental health diagnosis and nursing needs. The majority of our gentlemen supported on Heartland will reside at this unit under Licence (HMPPS), Conditional Discharge or with oversight from Jigsaw.

We will be registered under the classification of care home with nursing, therefore 24-hour nursing support is available. Service users will have ranging needs from support / management with PEG care / catheter care / urostomy & colostomy management / pain management linked to palliative care / tissue viability care.

INCLUSION CRITERIA

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- · Complex Needs / Challenging behaviours
- May have a diagnosis of ABI/Neurocognitive disorders
- · May have a mental health diagnosis
- May have physical disabilities and/or complex needs
- · May have a range of complex care needs
- May have behaviours that challenge
- May have risks requiring a more robust community placement
- · May have a forensic or significant risk history
- May be informal, subject to dols, conditional discharges, CTO or on licence as directed by the parole board
- May also present with a variety of physical and or neurological diagnoses such as any type of Dementia, Huntington's, Korsakoff's and Alzheimer's disease.

EXCLUSION CRITERIA

- IQ lower then 60 Moderate to severe LD in the absence of an established IQ score
- ASD established
- Organic / neurological disorders
- Severe chronic health conditions
- No incidents scoring 4 on the Overt Aggression Scale for the past 3 months
- No recent history of self-harm or suicide
- · No fire setting in the last 12 months
- No sexual aggression (attempted rape) in the last 12 months
- Transgender in the process of completing legal transition



Assessment Process

Once a referral is made to our service we will review the information and if appropriate we will aim to assess the Service User within two working days. We will endeavour to complete and send the assessment report, together with a detailed pre-admission care plan and cost breakdown within three working days following the face to face assessment. We work closely with our Service Users, customers, current placement teams and families to facilitate a smooth transition into the service.

Our Aims & Approach



Deliver care that has a holistic approach and considers the cognitive, social, emotional, psychological and physical issues affecting each Service User along with the individual's long and short-term goals.



We aim to remove or minimise restrictions wherever possible to each Service User's participation in daily life activities.



Provide comprehensive, person-centred care through an interdisciplinary approach based on communication and collaboration not just with the individual but with the involvement of relevant family members, carers and care-coordinators.



Provide one-to-one focused rehabilitation and development of independent living skills where possible and support the use of daily activities of living, as required.



Provide ongoing assessment and review behavioural risks, Mental Health related risks, physical health risks and where indicated forensic risk assessments.



The recovery and re-ablement focused support offer people the skills they may need to live as independently as possible, this includes access to educational opportunities and support with gaining either voluntary or paid employment.



Wherever possible maximise recovery from the physical, cognitive and psychological impairments the individual may present with.



Staff encourage people to develop confidence in activities of daily living and managing their wellbeing. Our care builds self-esteem, enhancing integration and promoting social, cultural and leisure interests. A key worker is assigned to each person ensuring a holistic approach to individual care.

Please email any referrals to our Business Development Team at:

referrals@bramleyhealth.co.uk or via our secure NHS account at: referrals.bramley@nhs.net Alternatively you can contact us on: 0800 542 5757 or visit our website: www.bramleyhealth.co.uk