



September 2018



Residents' names have been changed.



Sunil

Sunil came to High Oaks in his early fifties with a diagnosis of paranoid schizophrenia. He had previously spent 6-7 years in a psychiatric hospital. Before that he spent many years in medium secure units.

He had a long history of isolating himself from others plus aggressive and violent behaviour towards patients and staff.

In hospital Sunil would not speak with staff or patients, other than the bare essentials, such as 'yes' or 'no' responses. He would spend long periods of time alone in his room or in the lounge staring out of the window. Staff had to communicate with him by passing notes under his door and he would only occasionally reply.

Sunil eventually came to High Oaks on a Community Treatment Order (CTO) meaning there were certain conditions he had to follow. If they were broken, it could mean a return to hospital. On arrival, he spoke very little but after a few days he ventured into the communal rooms and started speaking with specific staff members. Gradually he began to speak with everyone, including other residents.

Initially, he would take his meals to his room and eat on his own. He then progressed to eating in the games room but not the dining room with others. Now he will mostly eat in the dining room.

Previously, Sunil would frequently not take his medication. Since being at High Oaks he has taken his medication consistently without prompting. Within a year he was no longer on a CTO. Sunil has been minimally aggressive. His symptoms in relation to his mental health are now minimal and not causing him distress. He engages with the community team.

A care co-ordinator who has known him for many years has been astonished by his progress at High Oaks.

Sunil has a wicked sense of humour, which he now feels safe and happy to share. He likes to go out and observe people and social events from a distance. He enjoys spending time in our communal rooms and spacious garden.

He now participates in some household tasks and no longer needs prompting for his personal care. He takes care in his appearance and likes our Registered Manager, Claire, to cut his hair which is extraordinary for someone who came to us not wanting any human touch.

The aim is for Sunil to continue in his settled state and then move to a supported living setting.

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Catherine

Catherine is in her sixties. She experienced many years of abuse, and witnessed a horrific crime. Catherine experienced anxiety and depression when living at home.

She had been receiving support from the community team but was neglecting herself, not eating properly and her behaviour became erratic and aggressive. She was becoming a danger to herself. It was necessary for her to be detained under the Mental Health Act and she spent a long spell in hospital.

Following this she went back to her flat but again that broke down and she was re-admitted under the Mental Health Act. The diagnosis wasn't clear but related to bi-polar with possible Post Traumatic Stress Disorder (PTSD).

She had placements in two different care homes, both of which broke down. Upon arrival at High Oaks, Catherine's behaviour was erratic and disturbed with very frequent bouts of shouting, screaming, throwing herself on the floor and demanding cigarettes.

It was not possible to have any kind of conversation with her. She resisted much-needed personal care from staff. Some of Catherine's behaviour related to cognitive damage including short-term memory impairment.

Observations by manager Claire and High Oaks staff gave them reason to believe that Catherine was overmedicated. Claire liaised with Catherine's psychiatrist and care co-ordinators and her medication was significantly reduced. Following the medication reduction, Catherine made considerable improvements.

She became more alert and receptive in the mornings and staff could converse with her and appreciate her humour and personality. She began to participate in activities including cooking sessions, exercise sessions, arts & crafts.

The previous behaviours and impatience are still there and fluctuate but they are less intense and less frequent.

Catherine responds better in the one-to-one and small group settings that we provide. She still has difficulty processing information but manages daily life with clear prompting and support. She likes to make use of various parts of the home and garden and goes on selected trips out with staff support.

We are working with Catherine to get her medical condition stabilised, which should enable her to interact with more people and frequently access the community. The next stage will be to explore options for a move to supported accommodation in the community.

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John

John came to High Oaks in his early forties with a diagnosis of paranoid schizophrenia.

He caused several thousands of pounds of damage at his previous care home and was placed under arrest and evicted with immediate notice. It appeared that John was only prepared to stay in any care setting for a short time. Destructive behaviour was common for him when he wanted to leave. The destruction would usually take the form of aggression and violence towards objects and/or staff in order to instigate his immediate removal.

His risk assessment on arrival at High Oaks included aggression when told "no" especially around food in relation to his diabetes and his desire to eat large amounts of sugary and unsuitable foods. We found that with honesty and clarity in our explanations, John was accepting, although sometimes he would challenge and question but not in an aggressive way.

Initially, John would isolate himself and have little engagement with staff or other residents. In the first month he slowly began to open up and started talking with staff about his life, his past and his feelings. He developed a sense of interest in other people, including staff, and would ask how they were. He also started to show some empathy, which must have been difficult for him because he had struggled to recognise other people's needs and emotions. It was clear that he was trying to overcome this.

His stay at High Oaks was unique for John. When he felt ready to move on he was happy to engage with a plan that gave him clear targets, such as improved personal hygiene and daily living activities. This showed a maturity he had not previously displayed. John stayed at High Oaks for 14 months.

Ade

Ade was in his late thirties when he came to High Oaks.

He had a long history of schizophrenia and had been in a psychiatric hospital for a number of years following an assault. Upon his discharge from hospital, certain conditions were put in place by the court including residing at High Oaks for a period of time.

Often Ade would get angry and display disproportionate anger in many situations. We successfully worked with him on reducing his levels of anger and aggressive responses.

We helped him to build back relationships with his family members and to develop his cooking and budgeting skills. Initially he couldn't be bothered to budget and we showed him the benefits of making the effort and he experienced the rewards of doing so. He started to accept responsibility for his actions and matured in his time at High Oaks. He came off his probation and was no longer compelled to stay at High Oaks but chose to stay for a short time longer and successfully developed the skills that enabled him to move to a less supportive living environment.

Ade likes to keep in touch and as well as visiting regularly he calls and talks with staff and other residents. Ade stayed at High Oaks for just over 3 years.



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