

Cornerstone care models

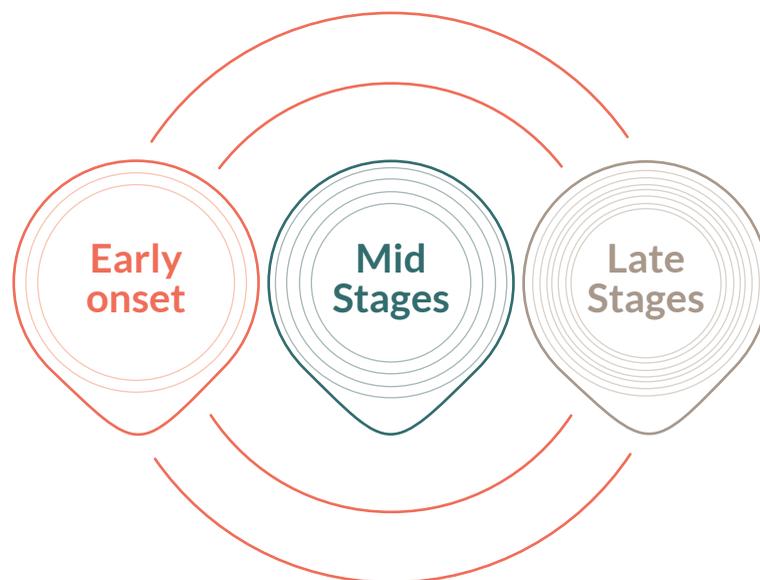
We provide unique, specialist care for vulnerable people who present with challenging behaviours associated with complex neurodegenerative, neurological and mental health needs.

Our Services offer flexibility of living through mixed and gender-specific units, while our tailored care models enable us to support those with long-term, progressive and degenerative conditions.

Individuals placed with us have typically been too challenging to place elsewhere and have experienced placement breakdown due to the complex nature of their needs.

At Cornerstone, we see things differently; we do things differently.

Neurological degeneration:
changing needs and presentations



We're unique

Our approach and attitude towards specialist care has received industry recognition. Through these four key areas we achieve clinical expertise for residents:

Clinical

- Seeing beyond the diagnosis to individual needs and co-morbidity
- Focus on presentation over diagnosis
- Care through to end of life
- Focus on de-escalation and distraction (Restraint Reduction Initiative compliant)
- Proactive framework for reducing 1:1 dependency
- Targeted reviews and assessments

Tools

- Qualitative and quantitative data analysis
- Risk management, not just risk elimination
- Robust, cross-functional Clinical Governance process
- Comprehensive pre-admission assessment
- Use of Restore2 to recognise and respond to early warning signs
- Statistical analysis SPC charts of falls to monitor and mitigate

Staff

- Mix of general and mental health nurses
- High staffing levels
- Link nurses in 11 specialist areas
- Dedicated activity team
- In-house specialist training to ensure consistency across our Service
- Continuity of a specialist, strong team

Outcomes

- Initial 28-day assessment
- Monthly care reviews to suit resident and commissioner needs
- 1:1 framework which are continually reviewed to justify need
- Audits and quality reviews
- All compliance tolerance levels targeted below the national levels
- Compliance with the national standards and best practice guidelines to measure, monitor and review treatment outcomes
- Surveys and feedback from residents, families and professionals to gain insight
- Service-wide clinical audit process

Knowledge is key

We have a dedicated Analyst to ensure we are not just reacting to data and trends but finding them before they require a solution. Proactive, not reactive.



Outcomes can be difficult to measure but are a crucial part of care planning.

We ensure outcome measures are present in every aspect of our care from the sector requirements to our own proactive analysis and initiatives.

We do more than the expected.



Resident-centred

Residents are at the core of our service. While we support from a clinical and holistic perspective, our residents also play a very active role in their treatment programmes and our MDT maximises their abilities.



Underpinned by experts who are specialists in their field:
Clinical Leadership/Compliance/Clinical Governance/Practice Development/MDT

Admission criteria

Because of our specialism, we are able to consider and usually admit those who are challenging to place. Many of our residents were previously rejected by other Services or have experienced placement breakdown.

- Male or female
- Over 18 years
- Those on s.17 leave, s.117 aftercare and guardianship orders are accommodated. Not detained under the Mental Health Act nor those requiring physical restraint, rapid tranquillisation or seclusion
- Challenging presentations including aggression, self-harm, destructiveness, disruptiveness and sexually disinhibited behaviours
- Many people we support have underlying mental health issues with Dementias and Neurodegenerative Diseases (noncompliance with medication, not eating/drinking/ high risk of falls)
- Long term placements - we do not provide respite

Residents presenting conditions will include complex neurological conditions requiring support, intervention and treatment of behavioural, physical and cognitive problems including:

- Frontal temporal dementia (PICKs)
- Alzheimer's Disease - moderate to severe stage
- Parkinson's Disease with Dementia
- Vascular and mixed Dementia
- Lewy Bodies Dementia
- Huntington's Disease
- Korsakoff's Syndrome
- Progressive Supranuclear Palsy
- Personality Disorder
- Complex healthcare needs e.g. Dementia with some complex physical health needs and/or challenging behaviours

Working with us

1. Initial conversation with referrals team to qualify information

2. Assessment of individual within 72 hours

3. Pre-admission assessment document, offer and funding