

Support and self-management for Russell Clinic as a recovery-based service

Our Wellness Recovery Action Plan

Background

Over the last couple of years we have been gradually developing ways of using WRAP and self-management ideas to support the people we work with in being able to more effectively look after themselves. One of the strengths of recovery-based work is that the same principles of wellness apply to staff and patients alike. We acknowledge that in order for a team to do well it needs to be well, and that attending to the health and wellbeing of the team is an investment in our ability to offer a recovery service – ‘you cannot give it if you haven’t got it’.

In October 2006, during our annual staff and service development days, we worked together to think what a WRAP plan would look like for Russell Clinic. Nearly all the staff working on RC contributed ideas and suggestions. A draft copy was circulated in October / November and staff’s comments incorporated into this final version.

Purpose

The value of a WRAP plan is not just in creating it but in using it regularly and developing it on the basis of further experience, so that it increasingly becomes a well shaped and well working tool. We have arrived at our first version – we now need to think what to do with it. We encourage patients to read it through daily, to become more focused on putting it into action at times of difficulty and to amend it after difficulties which can then be regarded as experiences to learn from – what worked, what didn’t, what we can do better for the future. The challenge to us now is to take this seriously and think how we can effectively put it into action.

Continuing development

A WRAP is a living document. It is open to changes and new experiences, it is intended to be kept open as ‘work in progress’ to be continually updated as we progress with our work. It is intended to keep track with our (team) life as it matures and changes, and to be a resource to turn to and use at times of difficulty. We therefore need to consider how to achieve this. How to embed the use of our WRAP in our daily, weekly and monthly practice, and set aside times for review and revision. We have made a very good start and whatever happens, however useful or unhelpful our WRAP proves to be, if we are committed to becoming more effective in looking after ourselves and the health and wellbeing of the team, we will work to steadily improve what we have made.

Rachel Webb and Glenn Roberts December 2006

RUSSELL CLINIC:
RESIDENTIAL REHABILITATION AND RECOVERY
TEAM WRAP

As with any WRAP plan this covers the following headings:

1. What are we like when we are well?
2. What are our wellness tools?
The Wellness Tool box
3. What do we need to do every day (and less frequently) to stay well?
Daily Maintenance plan
4. What are our Triggers?
- And what can we do about them
5. What are early signs of something going wrong?
- And what can we do about that
6. What are signs of things getting worse / things breaking down?
- And what can we do about that
7. What can we do when we are beyond being able to resolve things ourselves? - Crisis Planning

This is how we will use our Team WRAP

1. Provide copies for all new staff including students.
2. Have copies accessible in/on ward. Wellness tools + daily plan will be clearly displayed in the nursing office
3. We will utilise WRAP as tool in supervision, ward team, qualified and nursing assistant meetings. Also at times of increased clinical need and pressure on staff team
4. We will share our experience of developing this Team WRAP with others outside of Russell Clinic

5. Review the whole experience of putting a team WRAP into action at our development days in 2007

1. What are we like when we are well?

This is a description of how people experience one another in the Russell Clinic team

When we are on good form – when we are well ...

Low levels of friction and defensiveness

Good cohesion

Good communication

Honest

Effective

‘We do our jobs’

Things run smoothly

Respectful of colleagues and patients

Good humoured and fun to be with

Low levels of sickness

Open to challenge

Resourceful – so that it is ‘easier to take the crap’

Reflective and curious

Constructively critical without fear of being stepped on

Opinionated

Expressive

Interested in learning

Patient, tolerant and broad shouldered of clients and their behaviour and one another

Empathic – available

Accepting of differences

Innovative / creative

Flexible

Enthusiastic and energetic

Caring of yourself, your attitude and your colleagues

Supportive of one another personally and professionally

Feel good to be in work at the start **and** at the end of the day

‘The communication thing works’

An affectionate appreciation of colleagues as, ‘The oddest conglomerate of personalities I’ve ever come across’

2. What are our wellness tools?

Russell Clinic's WELLNESS TOOLBOX

In our experience this is what supports and sustains our wellness as a team:

Supervision (with a degree of choice)

Clinical

Peer

Managerial

Family days

Joe's case conference

Appreciation from one another and from the service

Sensitivity to one another – consideration and care

Being supported and valued by one another

Knowing one another's preferences and skills

Emotional atmosphere of the ward

Physical state of the ward environment

Admin days for nursing staff

Permanent consultant

Some freedom of movement

Sound leadership

Stability of staff group

Hearing one another

Call a meeting

Training

- Permission and encouragement to learn

- Expectation

- Bring back good ideas and practices to team

Team development days

Staff business meetings monthly – space to discuss issues

Communication book

Clear communication - in contrast to a load of old waffle

Monthly ward clerks meetings

Named nurse scheme

Healthy structures – shift coordinator

Working together

Peer group meetings each 3 months

- N/As

- Qualified

Have clear objectives – each day

Matching of nurse to patient – looking for compatibility

(consider 3-6 monthly review to check appropriateness of pairings)

Confidants – someone to turn to

3. What does the Russell Clinic team need to do every day to stay well?

OUR DAILY MAINTAINANCE PLAN

Every day we need ...

Good communications

Greet one another

Handovers

Share information

Ensure good documentation to sustain communication for people not present

Have confidence that know what is going on

- And what each other are doing

Plan for the shift / shift coordinator communications

Maintain the physical environment

Ensure office and treatment room are clean and tidy for next shift - Family life

Replace milk in the fridge

Be flexible and job share around domestic tasks – laundry / suppers / meals etc

Watch out for one another

Know where people are

Patients

Doctors / John

Deal with bad moods (in the team) sooner rather than later

Be considerate and sensitive if someone is having a bad time personally or professionally

Personally – get good nights sleep / be physically healthy / look after ourselves

Sort things out as they arise

Plan ahead – know what is coming (adequate staffing)

Be prepared for the unexpected to happen (our life is unpredictable)

Keep to routines – follow care plans / agreed documentation

Avoid too frequent changes in care plans that others cannot keep up with

And things we need to do less frequently

Weekly

Have a rhythm to our life as a clinical unit

Pay for tea

Sunday checks

Clinical reviews

Ward manager check in / available / responsible

Sunday early shifts – week end lie in permits peer supervision / support / gossip

Less Often

Annual review days

Booking annual leave

Family days

Christmas
Team meetings
Supervision

4. What are our Triggers?

OUR TRIGGERS

These are the issues which if unchecked trip us up / disturb us ...

Spill between personal and professional life - How people handle their personal issues – i.e. don't – so that things fester and impact on others, this also can result in people getting more critical and fracturing team relationships and then rejecting support

Extended difficult behaviours from residents (too)

Anticipating people coming to us who have a very difficult reputation

In particular if they have damaged other workers or care settings – a threat

Staff shortages – particularly if unexpected / at short notice

Staff being taken off to plug gaps elsewhere - poaching

Feeling there is no end to a difficulty – no light at the end of the tunnel

When cannot see any results from your efforts

Finding someone has dumped full laundry bin in utility room when the machine is empty

Low resources

When all the senior people are away at the same time

Too much change / Too much uncertainty – in particular about the future of the team

Violence

People in bad moods who won't connect or deal with it

Being unable to get hold of ... DSS etc

Other peoples bad planning that has its effect on us

Impact on us of changes elsewhere around Wonford House e.g. Floods!

There being only one computer (need two)

Discourtesy / rudeness / inconsideration – to one another as colleagues

Negative beliefs / reactions from colleagues when new ideas are suggested 'we tried that in Digby ...it's just a waste of time'

And what can we do about them?

OUR ACTION PLAN

Make sure stick to daily maintenance plan

Take a deep breath

Swear

Prioritise and make sure important things get done

Anticipate challenges

Prepare - Forward planning

Offer, provide, and accept support and supervision

Share your problems

Get to know your team

Actively respond to need

Increase resources

Acknowledge that this IS a difficult time

Recognise it, face it and say it

Stop, think, and make a note (plan)
Do what you can – refer what you can't
Go out for a drink together

5. What are early signs of something going wrong?

OUR EARLY WARNING SIGNS

These are our signs that something is going wrong ...

Increased sickness / absence
Walking onto the ward in chaos – meds and cups everywhere
Watching the duty book – ‘who am I on with next’
Reduced tolerance
Reduced capacity to absorb / accept stuff
Clock / duty watching
Hostility / irritability / grumbling in corners
Open back biting
Increasing cynicism about residents and one another
Cruel humour
Manner of challenging leadership decision – becomes more hostile or covert /hidden
The leaving of ‘notes’ rather than more open communications
Loss of perspective

And what can we do about that

OUR ACTION PLAN

USE supervision and support with peers
Get a different point of view
Have a good night out – peer support for staff
Chocs and doughnuts
Stop and think
Sit down and talk
Confide in someone
Work it out
ASK what does this mean
Offer some help – can I do ...
Understand the problem
Get things back into perspective
Leadership – call a stop
Team responsibility to respect and respond
Don't be dismissive
Accept it will take time – don't knock yourself out
Face it

6 What are signs of things getting worse / breaking down?

These are the signs that things are getting worse for us ...

Disjointed – fractured (everything – communication and action)

Things don't get done / are left

Communication deteriorates

Preoccupied – with self rather than patients

It's me instead of us

Self preservation – need to look after me

Preoccupied – with the mess we are in

Work to rule – do the minimum

Blaming

Team split

Feel stressed

Poor and reduced functioning

Poor and reduced effectiveness

Low levels of trust – guarded and suspicious

Thinking about getting out

A sense of fear – if we can't pull this back what will we do?

And what can we do about that?

OUR ACTION PLAN

Need to take time

Need compassion for one another and the situation

A time for tough leadership (tough love)

Cut back to basics – make time and conserve energy – to put into problem solving our own problems

Talk to one another and not through mediators

Get help

Team meeting – for service and consider external facilitation

Blow whistle (need to take care got facts straight/ got supervision)

Involved higher management and leadership

7. What can we do when we are beyond being able to resolve things ourselves?

By definition – at this stage we have lost it – we are not a team and we are beyond our capacity to sort out the problems we are in by ourselves

SO what can we do?

OUR CRISIS PLAN

Leave

Have a plan

Management / organisational review

Stop / shut down

Personal review

Be committed to taking learning away with you

(It's nice to know Sainsbury's have got vacancies)