

Western Isles Community Learning Disability Nursing Service

Policy Statement

The Western Isles Learning Disability Nursing Service aims to provide a service that supports an individual with learning disabilities and/or their carers through any health and/or behavioural issues that may arise. The service strives to value the person, their diversity of needs and to treat them with dignity and respect.

Service Description

The service is funded by the Western Isles Health Board and is managed on their behalf by North Harris Medical Practice. It is not an emergency service and does not provide on call cover but will try and help, if available, in any crisis. [Out of hours emergencies should be referred to an individual's GP or to NHS Direct as appropriate.] The service covers the whole of the Western Isles i.e. a geographical area from Butt of Ness through to Barra. There is a main base in Stornoway with secondary bases in Tarbert and Ballavanich.

Community learning disability nurses (CLDNs) work with people of all ages suffering from a range of disabilities from mild through to severe and profound. CLDNs also work with families, formal and informal carers, other professionals and voluntary agencies as appropriate.

Access to the service

There is an open system of referral to this service. This means that self-referral and/or referrals from carers, health professionals, social workers or voluntary sector workers are accepted. Referrals are made to the service and not to individual practitioners. However, although caseloads are generic in nature, each CLDN may have a particular area of interest and/or expertise e.g. autism; epilepsy; dementia; Down syndrome; behavioural interventions; continence issues; social skills training; primary care liaison and their expertise may be called on as required.

Criteria

The service has adopted the definition of learning disabilities as used in 'Same as You' (Scottish Executive, 2000). This states that learning disabilities is a significant, lifelong experience that has 3 components:

- Reduced ability to understand new or complex information or to learn new skills (in global rather than specific areas).

- Reduced ability to cope independently
- Onset before adulthood (before age 18) with a lasting effect on the individual's development.

This includes autistic spectrum disorders but does not include specific developmental or educational learning difficulties such as dyslexia. Inclusion or exclusion from the service will be based on individual needs assessment.

Response to referrals and pre-requisite to care

- Within 10 working days of receipt of a referral, a CLDN will contact the individual by telephone or letter to arrange a time and place to meet. The aim is to offer an initial appointment within four weeks where information will be collected and assessment will begin to take place.
- The individual will be involved as much as possible in the care that they receive.
- Any changes in the individual's care plan will be discussed fully with them.
- The individual's confidentiality will be respected at all times.

Client contact

The main component of the CLDN's work is home visiting. A limited amount of contact may also take place in out-patient departments, hostels, hospital wards etc or wherever it is appropriate during the course of care. The frequency of visits is dependent upon the individual's condition and the level of support required. It may vary from daily up to two or three monthly. Geographical location may dictate which day of the week an individual is visited. However, overriding priority is given to those requiring the most support.

Discharge Policy

The decision to discharge a patient lies with the CLDN following discussion with the individual (and/or their carer where appropriate). Discharge will normally be based on the following criteria:-

- Where there is no further need for nursing intervention.
- Where the CLDN decides with the individual that there is no further need for input but that referral to another agency is more appropriate i.e. Social Work department, counselling agency etc.
- Where the individual decides that he or she wishes no further contact with the service.

All patients discharged from the service who have been seen on more than three occasions will be sent a post-discharge questionnaire asking them for their views and comments on the service they have received.

