

Supporting you towards independence



Care and support for individuals
living with Alcohol Related
Brain Damage





Rebuilding lives...

Notaro ARBD Care provides care and support for people affected by Alcohol Related Brain Damage (ARBD) in three specialist care homes in Weston-super-Mare, North Somerset and Torquay, Devon.

We are one of the few care home providers in the UK providing specialist support for people living with the effects of previous alcohol abuse. We're one of even fewer who are able to supply specialist care for those living with alcohol-related brain damage such as Korsakoff's syndrome and Wernicke's encephalopathy (otherwise known as 'Wernicke-Korsakoff's syndrome').

When an individual comes to stay in one of our specialist ARBD homes, we work with them to produce a care plan that seeks to enable them to return to the community and support them to live as independently as they can.

Practical support & skills

With over twenty years experience in this field we have combined our knowledge and expertise to develop a way ahead. This provision is designed to help an individual take back control of their life and regain skills to live independently and alcohol free.

Care and support for individuals living with Alcohol Related Brain Damage



The Way Ahead

Flexibility for commissioners of care

We have developed a positive and flexible approach working with commissioners of care to provide care solutions that provide value for money. We offer a variety of services from long term specialist support, to respite periods and day care. We also operate a home care agency for those individuals living in the wider community of Somerset and surrounding areas, through which we can offer continuing care and support.

Moving to independence

It is important to emphasise that a large percentage of people living with ARBD have the chance of some recovery if they are identified at an early stage and appropriate intervention offered. People with ARBD require a person centred approach because of the diversity, complexity and fluctuation in their individual needs. Individuals progress at different rates and in different ways. Therefore we tailor our support around each person's specific needs, helping them to take control of their situation and develop practical solutions to the difficulties that result from ARBD. In doing so they build their confidence and self-esteem. We encourage them to maintain and develop their own interests and skills; in each of our homes we have an activities coordinator who

arranges motivating and engaging daily activities and outings. Our aim is to work closely with commissioners to maximise an individual's potential to move towards a contented, sustainable and fulfilling level of independence.

Evidencing progress

We visit each individual before they are placed and assess their needs in great detail. Together we then formulate a detailed care plan including full risk assessments that are regularly updated. After every three months we review the individual's assessments to date and use monitoring tools to chart their progress. Recovery is measured in terms of improved cognitive functioning, physical ability and quality of life.

The specific skill areas we consider and assess are;

- Personal Hygiene & Self Care
- Social Development Skills
- Communication Skills
- Personal Mobility & Safety Skills
- Household Living Skills

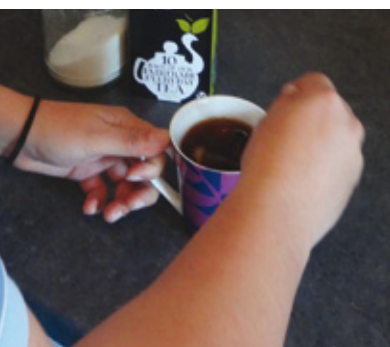
We look and review how far an individual has come in relation to undertaking tasks independently or if they still require assistance from a support worker.

We are then able to adjust their support plan accordingly to match their level of independence. The idea is to move them from 'Step 1' requiring substantial support, to 'Step 3' where skills learnt can be consistently used with little or no assistance.

We are able to offer continued support to an individual if they progress enough to live more independently in the wider community through our own homecare agency.

The investment we make insuring our staff have the necessary skills and knowledge, is reflected by the exceptional outcomes achieved by the individuals in our homes.

“Care plans ... contain goals, how the goals are going to be met and an outcome. They are written from the individual's point of view and are signed and agreed by the person living in the home when possible. (Risk assessments) give staff very clear guidelines about what might trigger someone to be aggressive and how to manage the situation.”
Extract from a Care Quality Commission report for Campania.





What is Alcohol Related Brain Damage?

Wernicke's encephalopathy

This is a neuropsychiatric disorder arising from a lack of thiamine (Vitamin B1) which can affect the nervous system and brain. Deficiency of thiamine in heavy drinkers is common due to their poor eating habits and/or frequent vomiting; both lead to a shortage in essential vitamins. Alcohol can also cause inflammation to the stomach lining; this can also interfere with the body's ability to absorb vitamins from food intake.

Wernicke's encephalopathy reflects a loss of specific brain functions. People with Wernicke's are often mistakenly thought to be drunk because of symptoms such as uncoordinated walking and confusion.

Wernicke's can occur suddenly, sometimes within hours. Immediate hospital treatment is required which generally involves an injection of thiamine.

Symptoms include:

- Confusion about the time or place
- Drowsiness
- Poor balance, a staggering walk or inability to walk
- Numbness or tingling in the legs
- Double vision
- Abnormal, involuntary eye movement
- Memory impairment
- Hallucinations

Korsakoff's psychosis

Korsakoff's psychosis is the chronic form of Wernicke's encephalopathy. Korsakoff's may result if Wernicke's is not treated or is not detected in time. It is not easily resolved and can continue over a long period of time, even permanently. Damage occurs to small but important areas in the middle part of the brain, causing severe short-term memory loss. This memory loss is the most significant feature of the condition and many other abilities remain unaffected. This is where Korsakoff's differs from most types of dementia where there is often damage to a large area of the outer part of the brain.

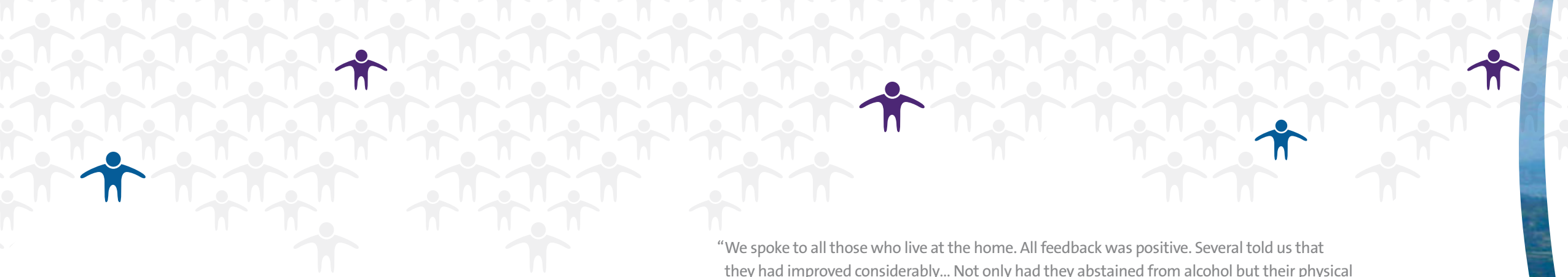
Symptoms include:

- Difficulty with taking on board new information or developing new skills
- Lack of insight into their memory loss, where even someone with significant gaps in their memory may believe that they are functioning normally
- Apathy
- Repetitive behaviours
- Confabulation; where someone fills out the gaps in their memory with elaborate fantasies

Notaro ARBD Care do not offer detoxification but provide a way forward to rebuild people's life skills, helping them to return to an independent life in the community.



We provide a safe, supportive environment to help individuals rebuild their lives.



Client stories & what they have to say...

Martin* – aged 52, referred to us by social services and assessed whilst a patient at a local hospital. He presented as extremely confused and disorientated with significantly impaired short term memory. He was mobilising with a zimmer and the supervision of one person. He had been admitted after being found collapsed at home following a long period of alcohol misuse. Martin has now been with us for two months and the progress he has made is astounding. He is now able to mobilise with a just a walking stick. He has been aided by an individualised exercise programme, which he follows in our gym.

He has recently started to go out of Serenita on his own. Martin has now reached a point where he is keen to move on and return to living in the community. All of those involved with Martin are delighted that he has come so far in such a short time.

Outcomes: Improved mobility, retaining information and leaves the home independently.

“I had been in and out of hospital and rehab centres many times over the years, nothing worked until coming to Serenita. Here I have been able to develop and get myself better through the on-going support and guidance they have offered me. I feel very comfortable here and am treated like an individual. My needs have been catered for and I’m looking forward to walking out of here, not running”. Martin

Bill once had a responsible job as an officer for homeless people, and was also a local councillor. When he came to Vane Hill he had lost his job, the bank had repossessed his house, and he was homeless, spending most of his time on a London bus. He had a large hernia which although not painful or a health risk, had affected his physical abilities and self-esteem. Doctors refused to treat him while he was drinking heavily. After moving here and giving up drinking, we arranged for his hernia to be treated, which had a huge impact on his outlook.

Outcomes: A successful operation and a new outlook on life.

“The work they do here is first class. I’ve seen a lot of hostels and accommodation, but I’ve never seen anywhere that deals with alcohol-related problems as well as they do here. People are happy here ... they won’t sneak in alcohol because they don’t want to abuse it. They all respect the no-drink policy here. I was in a position where I couldn’t get together a meal, had lost my home and my wife ... Since being here, I’ve gained the realisation of what went wrong, and as a result of the operation, I can look at myself in the mirror now and I’m not ashamed any more. I can look at life in a better light now”. Bill

Craig, aged 37, had lived in a number of non-specialist care homes since his early thirties, after falling off a roof drunk and breaking his spine in a number of places. He’d been drinking heavily since his early twenties and had never had a job. Two and a half years after moving into Vane Hill, he has reduced his intake of medication from fifteen pills a day to just one. He hasn’t had a seizure for six months, previously, his seizures were at least weekly. Craig would really like to become a counsellor. He’s already passed two stages of alcohol awareness training and does weekly work experience in two care homes for people with learning difficulties.

Outcomes: Reduced intake of medication, fewer seizures and a new vocation.

“I can see things from the other side and that you can give up alcohol. Now I would like to become a counsellor. There’s no way I’d have thought of doing courses before coming here. I’ve got my son and my family back, I can’t wait to go home and have my boy with me, and work. The next time I want to see one of these places, I want to be working here! I’d recommend this place to anyone if they want to get better. It can be done”. Craig



* All names have been changed.



Andrew came under the care of social services following a fall from a bus. He was 35, and had been taken to hospital many times as a result of his heavy drinking. This time, he damaged his head to such an extent that he was left without part of his skull and had to wear a crash helmet. He continued to drink so doctors were unable to operate. Two years after coming to Vane Hill, he's stopped drinking and so has been able to have an operation to repair his skull. His seizures have reduced from two or three times a week, to one or two a month, and he's taken part in work experience projects such as painting and decorating.

"The support has been amazing, I can't thank them enough". Andrew

Outcomes: A successful operation, reduced seizures and the experience of working.

Our homes

All of our homes have the facilities you would expect in a quality home plus:

- Computers with broadband internet access
- Games room with pool table
- Gym equipment and facilities
- Kitchenette for residents' own use
- Residents library



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Services include all you would expect plus:

- Life skills programme
- Daily activities programme
- Engaging trips out in our minibus
- Access to local support services and groups
- Hairdressing salon



About us

Notaro: changing people's ideas about care homes

We've been caring for people with alcohol-related brain damage for more than twenty years, in fact it's how we started our group of homes, Vane Hill being our first.

As we developed our skills and understanding, we added new homes and extended the range of care we offer. Now, we have homes offering nursing and dementia care for older people; a home for an individual with learning difficulties; a unit within one of our homes for individuals with learning difficulties and mental health conditions and most recently our domiciliary care agency, Notaro Home Care.

All of our homes are run by highly qualified, experienced managers who together with their carefully chosen staff are committed to providing extremely high standards of care and support.

Going beyond what people expect of care and support is what we do in all of our homes.

For more information or to book an assessment, please contact the homes direct. Contact details can be found in the 'About the Homes' section. Alternatively please call our Head Office (details are on the back cover).

Contact us

If you would like further information or would like to arrange an assessment for someone, please contact our ARBD homes direct; alternatively please contact our Head Office -

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