

# REABLEMENT - HELPING YOU TO HELP YOURSELF

We work with a diverse range of individuals to identify and achieve personalised goals. This includes areas such as personal care, kitchen tasks, mobility, and medication management.



## HOW WILL CLASHIEKNOWE BENEFIT ME?

Individuals coming to Clashieknowe benefit from a comprehensive person-centred assessment and support approach that focuses around building on strengths. The service operates 24/7, with staff available to assist in achieving personal goals.

We recognise the importance of transitioning back to home or a new homely environment. The team collaborates with individuals and their families to ensure a thorough discharge plan is in place, aiming for positive transitions and sustainable discharges.

“ I will hear your  
encouraging voices for years  
to come.”

Miss Buchan



### Clashieknowe Intermediate Care Unit

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# Clashieknowe

## Intermediate Care Unit



## PATHWAYS TO OUR SERVICE

Clashieknowe provides intermediate care (for up to 12 weeks approximately) to adults over the age of 18 who are residents of Aberdeen City. We support people who require a period of rehabilitation, reablement assessment or interim following an admission to hospital or a crisis in the community.

Based at Scotstown Road, Bridge of Don, Clashieknowe has 19 flats; 12 that are bedsits, 6 that are wheelchair adapted and a two-bedroom flat for couples.

Our pathways include:

**Rehabilitation:** involves planning and supporting rehabilitation goals through Occupational Therapy and/or Physiotherapy. The service includes in-reach therapy support from Bon Accord Care Occupational Therapy and NHS Physiotherapy.

**Reablement Assessment:** for individuals who would benefit from reablement and social care assessment in a homely setting to identify the appropriate care for their needs.

**Interim:** for individuals awaiting arrangements to return home or move to another permanent homely setting, such as Sheltered or Very Sheltered Housing.

**“ I am much more confident now and able to do things I did not think I could. I now believe I can live independently.”**

Mrs Smith

**“ I get the opportunity to do things for myself here. It gives me the confidence for going home.”**

Mr Macdonald

## WHO CAN ACCESS THE SERVICE?

Accessing Clashieknowe requires a referral from a health or social care professional that clearly details the individual's current situation, identified goals, and specifies the pathway being referred to, along with the rationale. There is specific criteria for all pathways, individuals must:

- be able to mobilise either independently or with support using a walking aid or wheelchair. We cannot support the use of hoists.
- be medically stable, with any required interventions supported by in-reach medical support from our local GP practice.
- agree to stay in the service and be willing to engage with the therapy and reablement teams to maximise and maintain self-care and domestic skills, working towards their highest level of independence. They will receive support from reablement-trained support workers.

For those with their own care team, such as SDS option 2, the service is happy to facilitate the continuation of their support as part of the multidisciplinary team.

Where an individual cannot independently manage shopping and money management, assistance will be required by family, friends or support agencies.

## REFERRAL INFORMATION FOR PROFESSIONALS

In order to support positive transitions, we ask that the anticipated discharge destination is detailed and agreed upon in the assessment. This proactive approach to discharge planning helps facilitate smoother transitions from the start.

Referral forms are available from and should be submitted back to [interim@aberdeencity.gov.uk](mailto:interim@aberdeencity.gov.uk). Detailed criteria and pathway information is available on request.

- Length of stay will normally be approximately 12 weeks but can be less, depending on progress of individual and future plans
- Early discharge planning is organised with the supported person, their family and Care Manager (where appointed), to ensure an appropriate “next step”. The exit plan should, ideally, already have been discussed and agreed before coming to Clashieknowe.



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