British Society of Physical & Rehabilitation Medicine

Rehabilitation and Complex Disability Management in Specialist Nursing Homes and Other Residential Units:

Guidance to Best Practice

Summary for healthcare professionals, case managers and commissioners

A Report of the Working Party of the British Society of Physical and Rehabilitation Medicine (BSPRM)
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BSPRM is a society dedicated to advancing the knowledge and practice of Rehabilitation Medicine in the UK, and promoting excellence in patient care. BSPRM brings together a multidisciplinary team of healthcare professionals, including physicians, therapists, and nurses, among others, who are all passionate about improving function and quality of life for patients with long-term conditions. BSPRM focuses on whole-person rehabilitation rather than organ-specific conditions..

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More rehabilitation is being undertaken outside the NHS in residential and nursing facilities. The Framework for Enhanced Health in Care Homes (NHS England 2023) has facilitated the integration of such units with Primary Care and mandated essential principles of practice. Only some units can offer complex disability management and rehabilitation, but it is difficult for referring clinicians, commissioners, and families to ascertain whether they are doing this safely and effectively. People being discharged from a hospital with a complex disability or who require rehabilitation need a unit that can be entrusted to meet their needs. The necessary equipment and human resources must be in place before clinical responsibility is transferred.

If such an accepting unit has the necessary facilitative culture and resources, it can offer the person opportunities for recovery that a general hospital cannot provide. A convalescence program can enable an older person recovering from an acute illness to return home. A program of complex disability management can offer rehabilitation to severely disabled people with difficult-to-manage and slowly improving conditions so that they have the opportunity to regain some social participation and a sense of their own identity.

These programs must be carefully tailored to the needs of each resident, but they all require:

- A rehabilitation culture comprising assessment/formulation, intervention, liaison, and review with careful monitoring of change (Chapter 3)
- A commitment to personalised care by front-line staff with careful attention to the human needs of their residents and their families. (Chapter 6)
- An overarching palliative approach which ensures, particularly for older residents, that there are Advance Care Plans and Emergency Care Plans in place. (Chapters 4 and 5).
- Careful attention to the requirements of the Mental Capacity Act, recording each resident's capacity to make different levels of decision. (Chapter 7)

Chapter 2 of this guidance introduces an adaption of the Rehabilitation Complexity Scale to assess rehabilitation needs in nursing homes and the use of the Northwick Park Dependency Scale Care Needs Assessment (NPCNA) and a linked costing algorithm as a way of assessing patients with complex needs at the time of referral. The NPCNA can be used to demonstrate change in dependency over time, inform NHS Continuing Healthcare assessments, and help to ensure that, on discharge, continuing needs are met. A hospital version NPDS-H can identify aspects of care that require a qualified nurse.

This guidance emphasises that the management of residents living with a complex disability should be undertaken following the principles of rehabilitation. It does not recommend the separate categorisation of specialist units accredited to undertake different programs, as the expertise required will vary greatly between homes and may have to be modified extensively to meet specific needs. Instead, each unit should specify, in a way that can be accessed by referring clinicians, commissioners, and family members, what patients it has the expertise to manage and provide evidence to support this claim using the concept of Entrustable Rehabilitation Capabilities. This concept has been developed within medical training as a way of identifying capabilities in practice and allows for many constitutive competencies to be assessed against a limited number of high-level indicators.

The seven entrustable rehabilitation capabilities are:

1. They use the Biopsychosocial Model of Illness throughout the service
2. They use a multiprofessional team that is both integrated into the unit and can meet the majority (80%) of the person's rehabilitation needs.
3. They develop a person-centred rehabilitation plan for each person.
4. They work collaboratively across organisational, sectoral and geographic boundaries.
5. They provide rehabilitation tailored to the person's needs.
6. They identify the clinical requirements of their caseload and ensure staff have the competencies needed.
7. They manage complexity and uncertainty by employing staff with the necessary expertise who have an opportunity to consult with specialist NHS clinicians and senior colleagues in other units.

Clinicians and family members also need to be able to trust that the unit can meet the complex nursing needs of residents with severe disability. These will be specific for each resident, but eleven critical and commonly encountered 'Entrustable Competencies' have been identified:

1. Management of residents with a communication disorder
2. Management of residents with impaired bowel and bladder function
3. Management of residents at risk of fixed postural or limb restrictions
4. Management of residents with difficulty in the oral intake of food and drink
5. Management of residents needing expert palliative or end-of-life care
6. Management of residents with or at risk of epilepsy
7. Management of residents with or at risk of skin damage
8. Management of residents with a vulnerable airway including a tracheostomy
9. Management of residents with visual or hearing impairment
10. Management of residents with severe cognitive impairment, mood disorder and challenging behaviours
11. Management of residents with a prolonged disorder of consciousness

Up to eight 'indicators' are listed for each of these problems. Alongside each indicator, Chapter 8 lists where an external person who wants to check on this might look for evidence and authoritative guidance that staff could use to ensure that they address these clinical needs appropriately.

These competencies do not comprise a comprehensive list of all that is needed, but the unit is likely to be safe and effective if the constitutive indicators are achieved.

This guidance is designed to assist those who are seeking to secure high-quality, safe, and effective provision for patients with complex neurological conditions requiring rehabilitation and NHS or alternatively funded continuing healthcare. It provides a set of underpinning standards that can be incorporated into any NHS procurement / due diligence process or NHS contract. It will also assure patients, families, and case managers of the underpinning quality of the service they are looking to access.

Full guidance document available here: https://www.bsprm.org.uk/wp-content/uploads/2024/11/BSPRM-Rehabilitation-and-Complex-Disability-Management-in-Specialist-Nursing-Homes-and-Other-Residential-Units---Guidance-to-Best-Practice-October-2024.pdf

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