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 nursing home managers and staff

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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This updated guidance is prepared by a multi-professional group under the auspices of the British Society of Physical & Rehabilitation Medicine, and in consultation with those involved in the care of residents with complex disability in nursing homes and other non-NHS residential units across the UK. Each chapter is linked with a section in Appendix 1 designed to promote discussion at unit training sessions. The chapters are brief and punctuated by Top Tips recommendations and vignettes of actual clinical histories illustrating the key learning points.

It is recommended that any unit undertaking the care of residents with a complex disability should maintain:

- 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. Each unit should specify 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 rehabilitation entrusted capabilities are:

1. The use of the Biopsychosocial Model of Illness throughout the service.
2. Access to a multiprofessional team that is both integrated into the unit and can meet the majority (80%) of the person's rehabilitation needs.
3. A person-centred rehabilitation plan developed for each person.
4. Collaborative working across organisational, sectoral and geographic boundaries.
5. Providing rehabilitation tailored to the person's needs.
6. The unit identifies the clinical requirements of their caseload and ensures staff have the competencies needed.
7. The unit manages 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.

It is difficult to anticipate what is needed to meet the different care needs of residents with complex disability, and these will vary with the specialism of the unit, but eleven common areas of practice 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

The guideline development group identified up to eight high-level indicators for these areas, indicating that the unit is likely to be meeting the needs of residents with these problems. Alongside each indicator in Chapter 8 is listed 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 are addressing these clinical needs appropriately.

These recommendations depend on high-quality leadership, effective communication both within and beyond the nursing home, integrated professional therapeutic work, and the compassionate personal care of Health Care Assistants. It is hoped that the guidance will help those with responsibility for this patient group in non-NHS residential units to maintain and improve the quality of care and rehabilitation they provide for their residents with complex disability.

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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