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 residents and their families

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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Summary for residents and their families

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. 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.

This report mandates that any unit undertaking such clinical work should maintain:

- A rehabilitation culture comprising assessment/formulation, intervention, liaison, and review with careful monitoring of change.
- A commitment to personalised care by front-line staff with careful attention to the human needs of their residents and their families.
- 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)

The Care Quality Commission does not categorise nursing homes according to their specialist skills, but there is often a description of the sort of clinical work that they undertake and the type of patient that they care for. Some websites, such as *www.carehome.uk,* use this to list a menu of different types of homes in a locality. In this guidance is a recommendation 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.

The final section, Chapter 8, lists up to eight high-level indicators for competent management of common clinical problems that the unit should be able to demonstrate. These do not comprise all that is needed, but the unit is likely to be safe and effective at managing these problems if the indicators are achieved.

This guidance is designed to help nursing staff improve the quality of care and rehabilitation management they offer to their residents. Its 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 should, however, also be useful in guiding families and future residents toward units that are best equipped to meet their needs.

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