NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Preston Neuro-Rehabilitation Unit

(Barton/Bleasdale ward)

Information handbook for patients and relatives

Excellent care with compassion

Division of Medicine – Neuro-Rehabilitation Unit

@LancsHospitals

General information

Preston Neuro-Rehabilitation Unit (NRU) is a specialist centre for people with highly complex brain injuries and other neurological conditions. The catchment area is Lancashire and South Cumbria and within this area of the Northwest Region, Preston NRU is one of only two specialist in-patient services of its type. The unit primarily admits adults of working age and is complimentary to the work undertaken in other in-patient and out-patient settings.

Patients are admitted as soon as possible once their basic medical condition has stabilised. At this point an interdisciplinary team (IDT) at the Unit will assess the needs of the patient. They will identify problems and establish the most effective rehabilitation plan with the patient and their family. They are involved in discussions about rehabilitation aims as well as in the actual rehabilitation process. The overall aim is to maximize the independence of the patient and to support them in coming to terms with their limitations. The team will advise on the level of support needed in the community and liaise with community services about this.

The length of stay for patients at the NRU will vary dependent on clinical assessment and need. Discharge needs will be considered from admission when planning goals, agreeing treatment and planning a timely discharge. Goals will be set followed by a treatment period which will be reviewed regularly dependent on clinical need. At this point the interdisciplinary team along with patients and significant others will meet where possible ‘virtually’ to agree an appropriate plan i.e. further goals setting and/or discharge planning. Patients who come to the Unit are working towards increased independence and acceptance of their condition.

There will be ongoing dialogue with commissioners and community services regarding how best to meet individual patient needs. If patients or their families have any concerns about how this applies to them, their named consultant will be happy to discuss this with them.

We liaise with the ward discharge facilitator and hospital discharge team in order to provide a cohesive care and rehabilitation package on discharge. Where possible we liaise directly with carers and community rehabilitation services to ensure an effective discharge to the community. This enables the patient to continue their rehabilitation after discharge.

The team is led by a Consultant in Rehabilitation Medicine, and includes a team of doctors, clinical neuropsychologists, physiotherapists, occupational therapists, speech and language therapists, therapy assistants, nurses, nursing assistants, administrative staff and domestic staff.

The interdisciplinary team work together with patients on agreed goals. A key ingredient of this is good communication between all team members. We encourage patients and family to talk to staff, to pass on information and ask any questions they have.

The staff team

Rehabilitation nurses

A senior sister/ward manager leads the nursing team. The team provide a high level of nursing care and promote and support therapy programmes. The nurses work closely with therapists to enable a continuation of rehabilitation 7 days a week. The nursing staff ensure control of infection, patients health and welfare, safe moving and handling, circulation, bowel and bladder management and wound care.

Medical Staff

There are two consultants in rehabilitation medicine (and two further doctors who are responsible for medical management of patients). A ward round is completed twice weekly by each consultant. If you or your family wish to make a specific appointment to discuss issues with them, they are available at other times and this can be arranged with their secretary.

Occupational therapists

Occupational therapists restore or maintain the functional ability of the patient, taking into consideration their physical, cognitive, emotional, behavioural, social and environmental factors. The overall aim is to facilitate a return to as many aspects of daily and community living as possible. This includes coping with memory difficulties, poor attention, behaviour management strategies, wheelchair seating and postural management. We aim to handover strategies and work jointly with other team members and family to achieve the best functional gain. This will include virtual home visits where necessary to provide advice regarding the need for aids and adaptations in preparation for discharge.

Physiotherapists

Physiotherapists assess in detail your posture and how you move during a daily activity. Treatment involves improving the posture of your body and limbs and activating weak muscles. This will make movements and activities such as sitting, reaching and standing easier. This is achieved through exercise, mobilising muscles and joints and practising movements and postures, working closely with other team members to improve independence in daily activities. Physiotherapists are also involved with the management of respiratory issues, using techniques and equipment to help in the clearance of secretions.

Clinical psychologists

The clinical psychologists have specialist training in neurological conditions. They identify neuropsychological problems such as impairments in memory, attention, planning and organisation, perception and problem solving. Once specific deficits are identified, ways of compensating for these are built into the rehabilitation plan. The psychologist is also concerned with aspects of emotional distress and factors such as anxiety and depression. Clinical psychologists are skilled in working with people who may show behaviour that is challenging, due to emotional problems or confusion. They work closely with family and other team members to provide support about this.

Scan the QR code using the camera on a mobile phone to watch a short video explaining the role of a clinical psychologist:

https://www.youtube.com/watch?v=Ijt5rAWM9M4

Speech and language therapists

Speech and language therapists assess, diagnose and deliver therapy for people with acquired communication and swallowing difficulties due to their neurological condition. Intervention includes assessment and individually tailored therapy for swallowing difficulties and for a range of acquired speech, language and communication disorders. The speech and language therapists work closely with other members of the multi-disciplinary team and support staff, relatives and carers in order to optimise the person's swallowing and communication function.

Therapy assistants

Our team of therapy assistants work alongside the physiotherapists and occupational therapists, as well as providing additional independent sessions with patients, where appropriate. The therapy assistants are skilled in specific, safe handling techniques and use of equipment.

Administrative and secretarial staff

The administrative and secretarial staff provide essential support to the work of the team to ensure that the unit runs effectively.

Additional staff input

The unit also receives input from professionals from other services. These include:

Dieticians – assess and advise on what each patient needs to eat and drink, and if necessary advises us on different ways of meeting the patient's dietary needs.

Welfare rights/benefits agency – provide information and advice regarding benefits. Your therapist can give you further information about who to contact in your local area.

It is important that at the later stage of your stay you/your relative identifies the benefits you are entitled to and begins the application process. The occupational therapist can provide some support/advice regarding this.

Headway – Headway is a national charity that supports people following brain injury. The Preston and Chorley team can provide advice and support (including benefits). Please ask your lead nurse/therapist for more information.

Community acquired brain injury/Neuro-Rehabilitation team – in some cases rehabilitation work is continued by a community team once a patient is discharged from the unit. In order to make discharge from hospital effective, the community team may start getting to know the patient whilst they are still on the unit. A referral to the community team will be made before discharge.

Advocacy – an advocate is a person who can support patients in stating their needs and wishes. They can represent patients who are

unable to speak up for themselves or who lack the confidence to do so. Family members, close friends or a member of the MDT can act as an advocate. However, external advocacy services are also available, and in some cases an external advocate can be an essential member of the team.

Student placements - the unit is part of Lancashire Teaching Hospitals NHS Foundation Trust and provides training opportunities for students. Direct contact with patients is an important part of teaching. Students or trainees working with patients will be closely supervised by a senior member of staff. Patients have the right to decide whether they want to be treated by a student without this in any way affecting their care.

Chaplaincy - If you wish to request support from a chaplain, please ask a member of the MDT.

All staff are part of the team and will do their best to help you if they can.

The rehabilitation process and planning for home

Specific rehabilitation goals are agreed with patients (and where possible, appropriate family members virtually) at a goal setting meeting. These goals will then be discussed and reviewed at periodic goal review meetings. The therapy and nursing teams, will liaise with the patient and where possible the family, to agree whether further goals should be set and/or whether discharge planning should commence. NB. The consultant does not generally attend these meetings. The aim is to achieve as much progress as possible during a goal period when a further meeting will take place. The goals focus on the patient's specific needs and are recorded in the patient's case notes. A copy is given to patients and can be shared with staff, carers and family members who are involved with helping the patient to achieve them.

Currently due to Covid-19 infection control precautions patients cannot leave the unit. When appropriate (as Covid-19 restrictions change) we would recommend that outdoor wheelchair mobility is handed over by the occupational therapist (prior to leaving the unit in preparation for discharge home). The patient/family must ensure that any medication/nutrition required whilst the patient is off the unit is taken either prior to leaving and/or with them.

The discharge planning process starts from admission, as it often requires a lot of careful planning and preparation to make sure that the right type of support is available. The senior sister/lead therapist and other members of the team will involve the patient and (where appropriate) family members and other carers in this process. The hospital case manager and social worker from the patient's home area are also involved at this stage.

The occupational therapist will advise on adaptations which may be required at home/in the community in the long term, however referrals can often only be made regarding these adaptations nearer to discharge and will often be subject to means testing for a disabled facilities grant (DFG) via the local social services/council. Adaptation requests cannot be made until long term needs are identified.

All patients are considered for eligibility for NHS continuing healthcare funding/financial support (if they have on-going rehabilitation needs and would otherwise meet continuing health care (CHC) funding, but the final decision on this is made by the community care trust (CCG) of the patient's home area. This can only be considered when the patient is ready for discharge. An information leaflet about this process is available on request.

It is possible that if admitted to Barton Ward the patient may be transferred to an NRU bed on Bleasdale Ward during their in-patient rehabilitation and vice versa.

If the discharge planning process is significantly delayed beyond the end of active rehabilitation, it may be necessary to transfer some

patients to another interim care location (such as a care home or another hospital). We seek to avoid this as far as possible, however in some cases this can be necessary to ensure that other patients needing to be admitted are not delayed excessively.

After discharge you will receive a follow up appointment to see the consultant in rehabilitation medicine. Other therapies may be continued in the community by either the community rehabilitation team or primary care services.

Location and Amenities

We are located close to the hospital duck pond. Between the two wards we have a courtyard garden. There are vending machines with snacks and cold drinks located at the entrance to the NRU. A small shop and cash machine can be found at the entrance to Maternity (opposite the NRU). There are a number of shops and eating places within the main RPH building which can be accessed via the stairs or lift at Maternity to the first floor and then by following the cream corridor to the main canteen and/or main entrance. Please be aware that access to these may vary due to Covid-19 restrictions.

What patient's should bring

Any medicines or tablets that are currently prescribed, and information or record cards relating to the medication when being admitted from the community. These should be handed to the nurse in charge.

Any preferred toiletries including paper handkerchiefs, soap and 2 face cloths, night wear, slippers, daytime wear suitable for therapy activities (e.g. tracksuit trousers, shorts, loose t-shirts etc.), outdoor clothing (e.g. coat, training shoes), any walking aids currently used, glasses, hearing aids, dentures.

We encourage people to be up and dressed during the day and therefore we would be grateful if a regular supply of clothing could be provided.

If vision has become problematic then a copy of the patient's up to date prescription and report from their last visual assessment can be very helpful in assessing current function.

Optional

We encourage patients to feel as 'at home' as possible on the unit. They should feel free to bring personal items which will help them to feel more relaxed. These could include any electrical equipment (e.g. iPod, CD or DVD player, i-Pad/tablet, laptop), own duvet cover (British standard fire retardant), and family photographs (preferably in a small photo album).

All electrical items must be checked by our electricians before they can be used.

If the patient has memory problems, we may ask for their family and friends to bring in familiar photographs (with names and dates on the reverse) and other information about their past to help their memory.

Smoking and alcohol

Smoking can seriously damage your health, slow the process of rehabilitation and be distressing to others. There is a **NO SMOKING** policy within hospital grounds for patients, visitors and staff on the unit.

Alcohol is not permitted on the unit. Alcohol use is not recommended following brain injury, as it may affect your rehabilitation and also increase the risk of fits. Please speak to the Consultant in rehabilitation medicine for more information.

Meal times

Breakfast	7.45 to 9.00 am
Lunch	11.30 to 12.30 pm
Snack	approx. 2.30 pm
Tea	4.45 to 5.30 pm

If for any reason patients are unable to take meals at regular times, alternative arrangements can be made.

There is a choice of menu which will be taken daily by the ward staff. Special dietary needs can be catered for.

We ask that visitors do not visit at meal times unless requested to do so.

Following a brain injury, patients can often have significant problems with focussing attention. Therefore to help patients concentrate on eating and drinking safely, the policy of the unit is to have the television and radio switched off at mealtimes.

Visiting arrangements

Sadly due to the need to protect patients and others and following government guidelines' visiting is currently **NOT** possible due to Covid-19 restrictions (except in specific circumstances). This situation is being reviewed regularly as we know how important visits from loved ones, friends etc. are for patients. In the interim we are facilitating visits and closed windows and/or virtual visiting via iPad.

Organisation of the unit

The majority of patients sleep in a bay, although a few single rooms are available for those patients with specific clinical needs. Washing facilities include level access shower rooms and one bathroom. Other facilities include:

a) **Laundry** – bedding is laundered by the Trust however all personal laundry should be taken home by relatives or carers.

b) **Television/radio** – there are televisions by each bedside which include a radio. We ask that patients use this technology with headphones; these can be provided on the unit if you do not have a personal pair.

c) **Internet access** – this is available through the Trust's Wi-Fi network. Please select 'Public Wi-Fi' from the available network list on your device and follow the steps to register an account. Please ask a member of staff to help with this if needed.

Local amenities

There are shops close by including a supermarket, card shop, optician, hairdressers etc.

Telephones

The telephone number for each patient is registered on their own phone attached to the TV over the bed.

Mobile phones are allowed, but at the discretion of an agreement with the staff team. We ask that mobile phones are not taken into therapy sessions or to the dining table. If you have a camera phone you must not take pictures of other patients or staff.

Security

We encourage everyone to be security conscious and any problems should be reported immediately to staff. Patients are advised to deposit money and valuables in our safe. The unit cannot accept any responsibility for money or valuables kept by the patient.

The fire alarm is tested regularly and we apologise for any inconvenience that this may cause. In the unlikely event of fire, please follow instructions from staff members.

Medical certificates and benefits

During your stay, medical certificates may be obtained from the Nurse in charge. When you are discharged, the consultant will issue a medical certificate until such time as your GP takes over this responsibility.

If patients are receiving any benefits they will need a medical certificate. Please ask the lead nurse/therapist if you need information about benefits whilst you are in hospital, either if you think you may be eligible to apply for new benefits or if you were already in receipt of benefits before you were admitted.

Car parking

Car parking is available for patient's relatives, at a reduced cost. You should discuss this with the ward clerk.

Comments, suggestions, compliments and complaints

The NRU aims to provide services to meet the needs of patients and their families. As receivers of this service we would very much appreciate your comments on any aspect of this unit and encourage you to voice your opinions.

Complaints of a minor nature should be discussed with the nurse in charge, senior sister or lead therapist as soon as they arise. Alternatively you could discuss any issues of concern with the Consultant or with the Patient Experience and PALS team at Royal Preston Hospital. Information about the NHS complaints process is also available on request.

Correspondence

All incoming mail should include your full name and our full address:

Neuro-Rehabilitation Unit
Medical Rehabilitation Unit (MRU)
Royal Preston Hospital
Fulwood
Preston
PR2 9HT
Tel No: 01772 524473

How to find us

a) By car – the unit is situated at the back of the hospital, within the MRU (opposite maternity). Royal Preston Hospital is accessed via Sharoe Green Lane.

b) Car parking is available on any patient car park. Car parking charges apply**. Please note that car parking charges apply to Blue Badge holders.**

c) By bus – the no 19 bus stops just outside the hospital.

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.patient.co.uk
www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site.

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:
如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:
જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:
Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:
Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:
ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:
اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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