Brain Injury Rehabilitation Centre
HIGHEST CLINICAL STANDARDS

The Brain Injury Rehabilitation Centre is committed to the highest quality standards of medical excellence. This commitment is supported by a comprehensive quality assurance programme, with standards continually monitored through audits and service user satisfaction surveys.
Our priority is to ensure that all service users are cared for in a way that is safe, effective, efficient and fair, and we strive to provide high-quality services to meet their needs. The accreditations we have been awarded reflect our dedication to providing high quality brain injury rehabilitation care.

The Brain Injury Rehabilitation Centre aims to help individuals with acquired brain injuries achieve the highest level of functioning possible to help them rebuild their lives, regain their independence and maximise their quality of life.

The Brain Injury Rehabilitation Centre provides in-patient services for people with acquired brain injuries in the Liverpool, Knowsley, Sefton, St Helens and Halton areas.

The multi-disciplinary team provide assessments for service users who have cognitive, functional, emotional and/or behavioural problems as a result of an acquired brain injury. The team also provides advice, support and education to the care teams and/or families of people with an acquired brain injury.

Each service user is provided with their own en-suite bedroom and an individualised programme of care will be developed between the service user and therapists.

Our commitment to service users:
- Rapid access to assessment
- Speedy admission processes
- Personalised care pathways
- Specialist client centered multidisciplinary rehabilitation.
- Single room accommodation, en-suite facilities
- Comprehensive aftercare and integrated care with local providers
- Single room accommodation, en-suite facilities
- Comprehensive aftercare.

HISTORY OF THE SERVICE

The Brain Injury Rehabilitation Centre (BIRC) was first set up in 1995 in order to repatriate patients with severe behavioural and cognitive difficulties after brain injuries that were being looked after in private institutions out of the area. The service first operated from the Rathbone Hospital and as time progressed the unit was able to broaden its rehabilitation to look after patients with brain injury who hadn’t been treated out of area.

Most recently the service has been based at Mossley Hill. Since 2011 the collaboration with the Walton Centre has increased significantly with the appointment of a consultant neuropsychiatrist who worked in both places. This has increased further since 2013 with the operation of the Cheshire and Merseyside Rehabilitation Pathway which has seen neuropsychology and neuropsychiatry from the service work into the network. The provision of staff in the regional trauma centres means that transition between stages of rehabilitation and into the Brain Injury Rehabilitation Centre is more co-ordinated.

This will increase in January 2015 when BIRC will move to a bespoke rehabilitation unit on the grounds of the Walton Centre. The new Brain Injury Rehabilitation Centre will be larger allowing more patients to be treated and will also have access to additional medical services.
THE BRAIN INJURY REHABILITATION CENTRE

Acquired Brain Injury is defined as an injury to the brain that results in damage to living tissue of the brain causing permanent or temporary changes to the structure. This includes traumatic brain injury, subarachnoid haemorrhage, hypoxic brain injury, meningitis, encephalitis and toxic conditions affecting brain function. Brain injury can significantly affect many cognitive, physical, sensory, behavioural and psychological skills.

For the past 19 years the Brain Injury Rehabilitation Centre offers unrivalled expertise in the delivery of assessment, treatment and care for Acquired Brain Injury. Operating since 1995, the BIRC aims to:

- Provide high quality, comprehensive and holistic rehabilitation services
- Promote service user independence
- Work collaboratively with service users and their families
- Provide a friendly and welcoming environment which is conducive to effective rehabilitation
- Ensure that rehabilitation is accessible and delivered at the most appropriate time in the service user's care pathway.

Our philosophy and vision

Mersey Care’s Brain Injury Rehabilitation Centre specialises in the assessment and rehabilitation of Individuals who have acquired a brain injury during their adult life. Our aim is to support these individuals, as well as their families, to adjust to their injury and to maximise their quality of life.
Ethos of service

- Client centred approach with value on the abilities rather than disabilities.
- Individualised one patient profiles for all inpatients.
- Individualised treatment programmes for each service user because no brain injury is the same.
- Inclusivity of family members at an early stage through bringing them around unit before admission, early initial family meeting and multidisciplinary feedback meeting at eight weeks.
- Close working relations with Brain Injury organisations through annual Brain Injury Awareness day in association with Liverpool Headway.
- Offering innovative and pioneering services – for example the volunteer scheme where former service users can return to the service as volunteers or the Headway Accreditation Scheme.
- Involvement of service users in development of service – examples include the design of the new inpatient unit.

Our Facilities

- 12 wheelchair accessible en-suite bedroom- 2 of which contain ceiling tracks for hoisting
- State of the art rehabilitation gymnasium
- Rehabilitation kitchen
- Laundry room
- Dining room with access to an external balcony
- Art and craft room with access to external balcony
- Large lounge
- Family room
- Access to prayer room
- Coffee shop
- Access to local swimming pool for hydrotherapy
- Expert advice to hospitals and units on optimal management of behavioural problems prior to admission.
- Attendance at multi-professional meetings prior to admission if required.
- Specialist assessment of capacity and advice on safeguarding or application of Deprivation of Liberty safeguards in selected cases.
- Provision of advice to family members and guided tours around the unit and provision of psycho education and support.
- Liaison with treating teams and treating therapists with provision of advice to them prior to admission.
- Neuropsychiatry out-patient reviews at clinic prior to admission with medical management of behavioural and mood problems.

Inpatient

Inpatient multidisciplinary treatment of service users over the age of 18 with cognitive and behavioural Sequelae of moderate to severe acquired brain injury at our rehabilitation unit.

- Assessment and treatment of co-morbid medical and psychiatric issues by neuropsychiatry.
- Liaison with other medical teams and management.
- Treatment of cognitive problems with medications.

OUR SERVICES

Pre-admission

- Specialist neuropsychiatric assessment on referral to service with a management plan and signposting to alternatives in event of not meeting criteria for rehabilitation.
• Neuro-endocrine assessment.
• Neuropsychological assessment of cognition and behaviour and provision of psychological therapies to the service users.
• Functional assessment and intervention to determine ability and support required to live in the community.
• Assessment of communication and swallowing.
• Treatment of speech and communication problems.
• Assessment of mobility, balance and gait.
• Treatment of pain issues by physiotherapy with acupuncture.
• Assessment of accommodation and care needs and liaison with social services to optimise supports on discharge.
• Review of benefits and social welfare entitlements.
• Comprehensive assessment on a 24/7 basis as an inpatient by nursing.
• Psychoeducation and socialisation through inpatient psychology groups.
• Improved communication through inpatient communication and news and current affairs groups.
• Improved fitness, health and well being through pro-fitness classes, hydrotherapy, balance groups and health assessment.
• Link in with other care organisations and provision of handover and feedback to carers.
• Education and provision of psychological support for families and carers.

Post-Discharge
- Neuropsychiatry outpatient follow ups with provision of advise and treatment of mental health problems.
- Neuropsychiatry in reach to care homes and specialist rehabilitation centres on transfer there.
- Community Psychiatric Nursing follow
- Provision of post-discharge psychology, physiotherapy, occupational therapy and speech therapy.
- On-going social work input (for Liverpool patients only). However- liaison with non-Liverpool social work.
- On-going social supports through monthly drop-in groups for out-patients and former service users at Neurosupport Liverpool and facilitated by staff.

OUR INPATIENT PROGRAMME
During inpatient treatment programme, service users receive a variety of one to one and group activities. All activities are supported on a daily basis by trained nursing staff and trained rehabilitation co-therapists. As already mentioned no brain injury is the same, so service users receive treatment on an individualised basis with their own programme of care. The graph below shows an average and range on individualised treatment sessions for inpatients over the last year.

<table>
<thead>
<tr>
<th></th>
<th>Average during admission</th>
<th>Range of assessments during admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuropsychiatry</td>
<td>18</td>
<td>1-67</td>
</tr>
<tr>
<td>Psychology</td>
<td>10</td>
<td>0-72</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>17</td>
<td>0-112</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>22</td>
<td>0-176</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>8</td>
<td>0-35</td>
</tr>
<tr>
<td>Social Work</td>
<td>8</td>
<td>0-119</td>
</tr>
</tbody>
</table>

no brain injury is the same, so service users receive treatment on an individualised basis
As well as individualised treatments- a number of group activities also exists and takes place on a weekly basis. Groupwork has various aims and objectives and these are all listed in the chart below.

One of the great enemies of brain injury is over stimulation and exhaustion with consequent fatigue. Fatigue is common in brain injury- particularly for the first year and in more severe brain injuries. Fatigue is associated with reduction in attention and concentration and produces behavioural problems and irritability. As part of the inpatient rehabilitation- provision of rest periods into the day is vitally important for some of our service users. Dedicated rest periods where the inpatients are encouraged to spend some time on their bed with minimal stimulation is part of the programme for some of our clients. Family members are educated as to the importance of allowing their loved one time to recharge.

<table>
<thead>
<tr>
<th>Current Affairs Group</th>
<th>SLT</th>
<th>This group aims to improve all aspects of communication- both verbal and non verbal. The group is facilitated by an experienced Speech Therapist who uses the group to impart a wide area of communication skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Group</td>
<td>Physiotherapy</td>
<td>This group aims to improve mobility and particular balance and reduce risk of falls of service users.</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>Physiotherapy</td>
<td>This popular weekly group provided at a local swimming pool assists service users in developing confidence, improving fitness and mobility.</td>
</tr>
<tr>
<td>Psycho-education Group</td>
<td>Psychology</td>
<td>This popular group provided by psychology helps service users learn more about their Brain Injury.</td>
</tr>
<tr>
<td>Carer Group</td>
<td>Psychology</td>
<td>This group provides peer support and psycho-education for the families of patients with brain injury.</td>
</tr>
<tr>
<td>Musician in residence</td>
<td>OT/Nursing/RCT</td>
<td>This group consists of a musician from the Liverpool Philharmonic coming onto the unit and involving service users in making musing using percussion instruments.</td>
</tr>
<tr>
<td>Rap workshops</td>
<td>OT</td>
<td>This group assists in communication and is of benefit for patients with aphasias.</td>
</tr>
<tr>
<td>Pro-Fit</td>
<td>OT</td>
<td>This bi-weekly group assists inpatients in improving their overall fitness.</td>
</tr>
<tr>
<td>Headway, Neurosupport Groups</td>
<td>OT</td>
<td>These monthly groups held in Norton Street allow current inpatients to meet with former service users and outpatients to facilitate further psycho-education and peer support.</td>
</tr>
</tbody>
</table>
In those with very severe brain injuries—no amount of rest or encouragement will improve memory. In service users with this level of disability an errorless learning programme is established. Errorless learning consists of repeating the same tasks at the same times on a daily basis in order to allow routine and implicit or non-verbal learning processes to take over and allow the service user the ability to complete tasks. The reorientation aspect of the programme consists of the service user having a white board that lists information about the day, month and year and also where they are. The experienced nursing and RCT staff reorientate the service users continually during the day so they know where they are and what has happened to them.

**OUR STAFF**

The multidisciplinary Team includes staff who have a wide variety of skills and experience. The team have up to date and relevant training ensuring that patients will receive treatment tailored to their needs. The team provides a wide range of intervention and therapy and includes:

- Neuropsychiatrist and medical staff
- Clinical Neuropsychologist
- Neuro physiotherapist
- Occupational therapist
- Speech and language therapist
- Nursing staff
- Social worker and rehabilitation co-therapists

Rehabilitation is a team effort. The team itself with its experience and individual strengths is greater than the sum of the individual parts put together. The team offers a range of evidence based treatment options including:

**Neuropsychiatry**

Neuropsychiatry is a medical specialty and following a brain injury, neuropsychiatrists are concerned with behaviour and cognition and provide:

- Assessment of cognition and behaviour and interplay of mental health problems as a consequence of Brain Injury.
- Assessment, investigation and management of co-morbid medical problems.
- Assessment of capacity and use of the Deprivation of Liberty safeguards or Mental Health Act.
- Medical treatment of cognitive problems and behavioural difficulties using medical and non-medical treatments.
- Liaison within the Cheshire and Merseyside Pathway as a whole and co-ordination of referrals from pathway into the unit.

**Neuropsychology**

Following a brain injury, clinical neuropsychology is concerned with emotions and behaviours and can provide:

- Users who present with difficulties adjusting to the changes associated with their brain injury will be offered the opportunity to meet with psychology for individual sessions focussing on adjustment. These sessions might explore perceptions around role changes, expectations and relationship changes. We carry out:
  - Comprehensive neuropsychological assessment to provide recommendations for the service-users’ on-going recovery whilst working collaboratively with service-users to develop person-centred cognitive rehabilitation strategies.
  - The “Talking About Brain Injuries” group was developed by the current clinical psychologists based at the BIRC. It addresses a wide range of issues including relationships, telling others about your brain injury, memory, executive functioning, insight and mood.
  - Provide support to families and carers to ensure they are well supported and are looking after their own wellbeing.
Speech and Language Therapy
Following a brain injury, Speech & Language Therapy are concerned with communication and swallowing and can provide:
- Assessment, identification and advice for communication (speech, language, reading and writing) and cognitive-communication difficulties (high level abstract language and social interaction skills)
- Assessment and advice on swallowing difficulties;
- Therapy for communication and dysphagia including retraining abilities, teaching compensatory strategies, training for service users, family and carers;
- Identification of Alternative and Augmentative Communication needs. Communication and swallowing abilities play a key role in determining quality of life after brain injury and effective management can reduce impairment and pathology, improve activity and enhance participation.

Occupational therapy
Following a brain injury, Occupational Therapists are concerned with how a person looks after themselves and can provide:
- Assessment and advising on the service users ability to be able to live independently and manage all tasks.
- Developing roles and routines that the service user would have done on their own before their brain injury.
- Assessment of any changes in the person’s physical and cognitive abilities;
- Consideration of the longer term needs for their future recovery in all valued aspects of life, including vocation.

Physiotherapy
Following a brain injury, physiotherapists are concerned with how a person mobilises and can provide:
- Assessment of physical difficulties including tone, pain, co-ordination, motor control, posture, balance, falls risk, sensory difficulties, gait, stairs, outdoor mobility and visuospatial difficulties;
- Hands on techniques to address and treat all the physical difficulties;
- Advice and education to family, carers and staff on transfers, handling, mobility and falls management;
- Exercise prescription to treat physical problems and promote overall physical health for longer term well being in the community.

Community Nursing
Community psychiatric nursing is concerned with management of behaviour and mental health in the community, services provided include:
- Pre-admission nursing assessments
- Liaison with other care providers prior to admission to facilitate transfer to unit.
- Safeguarding lead for the Centre.
- Following up service users 7 days post discharge as per Mersey Care policy.
- Assessment and management of mental health issues in the community.
- Liaison with social services in event of social care problems in the community.
INTEGRATED PATHWAYS

Cheshire and Merseyside Rehabilitation Pathway

The Brain Injury Rehabilitation Centre is a spoke along the Cheshire and Merseyside Rehabilitation Pathway. Medical and psychology staff works into the pathway and provide expert advice to rehab co-ordinators within the pathway advising where potential pathway service users should be treated. Neuropsychiatry staff manage behavioural, cognitive and mental health problems at both the Walton Centre and spoke sites at St Helens and Broadgreen. They advise staff regarding referrals to the Brain Injury Rehabilitation Unit and facilitate easy transfer to the unit.

Neuropsychology staff from the service also work into the community rehabilitation service of the Cheshire and Merseyside Rehabilitation Pathway. This facilitates easy transfer for on-going support on discharge from the unit.

Walton Centre

The neuropsychiatry consultant in the Brain Injury Rehabilitation Unit works in the Walton Centre one day per week where he has a neuropsychiatry out-patient clinic and also provides inpatient liaison consults.

Third Sector Rehabilitation Centres

The Brain Injury Rehabilitation Centre neuropsychiatry service also provides in-reach services to independent and third sector rehabilitation units in Merseyside such as Voyage, Brain Injury Rehabilitation Trust, St Josephs and Kavanagh Place.

Mental Health Trusts

As part of Mersey Care NHS Trust, the centre has backup from the greater mental health trust and as such has access to Psychiatric Intensive Care Units and Acute Mental Health Wards for more behaviourally disturbed service users who are at high levels of distress. The service also has access to other services offered by Mersey Care such as drugs and alcohol services, Learning disability services, community mental health and psychotherapy services.

OUTCOMES

The Fim/Fam is a well-regarded multi-dimensional assessment tool used in Rehabilitation. All service users admitted to the service receive regular Fim/Fams during their inpatient stay. Lower Fim/Fam score is associated with poorer clinical state. The diagrams below show outcome and overall levels of improvement during stay.

**MOTOR – Average improvement in FIM/FAM Scores**

**COGNITION – Average improvement in FIM/FAM Scores**
ACCREDITATIONS

The service is an approved provider, accredited by The Brain Injury Association, Headway. It is the only NHS facility in the country to receive such a distinction. Out of the 6 domains assessed, the service achieved good to excellent on 5 domains and average to good on 1.

The Headway Approved Provider scheme provides an accredited sign of quality that will aid that decision making process. The process is driven from a Service User/Carer perspective and encompasses evidence based practice, sound governance and is outcome focused. The value of accreditation goes beyond a competitive distinction from other service providers. It demonstrates commitment to continuous service improvement and ensuring a workforce trained and skilled in working with individuals with brain injury.

The service was one of the only services in Mersey Care Trust to receive a nomination for Royal College of Psychiatrists team of the year in 2014. This national award recognises outstanding and innovative care and treatment.

The team also won Mersey Care Positive Achievement Recovery Champion and Winner of winners awards of the year award for its innovative volunteer scheme in 2012. This competitive award is given for a scheme that brought in former service users to do voluntary work in the Trust.

The presence of a rehab network now means that patients are admitted sooner after their brain injury than in the past.
OUR PERFORMANCE

During 2013 a total of 161 referrals were made to the service. This is similar to the 2012 when a total of 158 were made. In 2008, a total of 127 referrals were made.

37% of all referrals came from the Walton Centre. This is a substantial increase since 2011 when the Walton Centre accounted for 26% of referrals.

A quarter of referrals came from General Practice.

Average waiting times to admission was 22 calendar days. In contrast to previous years where completed by multiple different disciplines. Since last annual report initial assessments have been streamlined and are just done by nursing, medicine, and psychology.

Inpatient Admissions to the unit

During the financial year 2013-14 a total of 32 patients were admitted to the unit.

Reflecting the importance of the Walton Centre and the new Rehabilitation Pathway, over 60% were referred from there.

Waiting time for admission was an average of 21 calendar days—though this was subject to a wide variation depending on the time of the year and requirements for wheelchair rooms etc.

The most common single cause of brain injury was brain hemorrhage. Trauma remains a common cause of problems with high rates of admission of people after traffic accidents, falls and assaults.

Over the last few years, the service has had increasing referral rates of patients with encephalitis—both traditional herpes simplex encephalitis and more recently—autoimmune.

The service accepts referrals for patients of all ages over the age of 18. Reflecting this, the service had admissions from the ages of 18 to 89.

The presence of a rehab network now means that patients are admitted sooner after their brain injury than in the past. Over 74% of patients are now admitted less than a year after their Brain Injury.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>118</td>
</tr>
<tr>
<td>2006</td>
<td>6</td>
</tr>
<tr>
<td>2007</td>
<td>61.4</td>
</tr>
<tr>
<td>2008</td>
<td>127</td>
</tr>
<tr>
<td>2009</td>
<td>75.5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Waiting Time (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>52</td>
</tr>
<tr>
<td>2011</td>
<td>62.09</td>
</tr>
<tr>
<td>2012</td>
<td>26</td>
</tr>
<tr>
<td>2013</td>
<td>21</td>
</tr>
</tbody>
</table>

Number of Referrals
Aftercare and Follow up by Service

Most patients admitted to the service receive follow up—usually by more than 2 disciplines. In 2013-4, 11 patients received no follow up. In the case of three, this was because they moved outside the area. The other 9 didn’t require further input.

![Chart showing time post brain injury admitted.](chart1)

![Chart showing cause of brain injury.](chart2)

![Chart showing source of referrals for admissions.](chart3)
REFERRALS

Why make referrals to us?
- Proven track record in offering cognitive and behavioural rehabilitation.
- Recognised medical expertise
- Patient centred approaches
- Innovative treatment
- High quality care
- Maximising independence and minimising needs for further support.
- Value for money
- Privacy, dignity and respect
- Award winning service

Who to refer
Referrals are accepted from the Liverpool, Sefton, Knowsley and Halton areas through a single point. We accept referrals for adults aged 18 years and above who meet the following:
- Moderate to severe acquired brain injury
- Sustained over the age on 18
- No active drugs or alcohol problems
- Are medically fit and able to actively, and meaningfully participate in a user-led cognitive rehabilitation programme.
- Have clear, achievable cognitive, emotional, functional and neurobehavioural rehabilitation goals that can be met by the service.

How to refer
Referrals are accepted in writing, by hard copy, fax or email. Informal enquiries and advice are welcomed by telephone prior to referrals. To discuss making a referral please telephone 0151 250 6062

SERVICE USER SATISFACTION
We are continually striving to improve our service and care, and any comments and feedback help us to do this. We carry out regular patient satisfaction surveys, and hold patient forums quarterly throughout the year in order to compile feedback from patients. Our quality monitoring has seen positive results, with recent patient surveys showing that our patients are clearly satisfied with their treatment at the Centre.
What our patients say

To all the staff, Many, Many thanks for looking after J. Every one of you have been brilliant in all your efforts to try and get J to improve her day to day activities whilst in your care. Your hard work and dedication has given J a better outlook for her future ahead. Once again thank you.

To the Doctors, nurses and all the staff, many many thanks for your care and assistance over the past few months. Your service is second to none. Once again, many thanks. BH and family.

Thanks for looking after Dad (B) and us so well. You’ve all made us feel really welcome and you do a fantastic job. Best wishes.

Thank you so very much for making my stay here very comfortable and welcoming onto the road to recovery, love P & family.

To all the staff, a massive thank you for all the help and hard work you have done for L rehabilitation. Her improvement during her time at mossley hill is fantastic. Thanks!

To all the staff, Thanks very much for making my stay as enjoyable as possible. I shall think of this part of my life fondly because of it. Much appreciation. JH
Contact Us

For further information please contact:
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Fax: 0151 250 6246