



Brain Injury Rehabilitation Trust

Fen House

Fourth Annual Report

2009

**143 Lynn Road
Ely
Cambridgeshire
CB6 1SD**

**(t) 01353 667340
(f) 01353 653155
(e) fh@thedtgroup.org**



INVESTOR IN PEOPLE



Contents

<u>Title</u>	<u>Page</u>
What we do	3
Developing our programme / plans for the coming year	4
Clinical activity	5
Outcomes, including satisfaction	9
Staff training	15
Working with families	15
Events and news	16
Concluding remarks	19

What we do

Fen House is a specialist residential brain injury rehabilitation unit situated in Ely, Cambridgeshire, offering social and neurobehavioural rehabilitation to 25 clients with an acquired brain injury.

Fen House offers services to clients aged 18+ and currently provides assessment and rehabilitation to CIU (Community Integration Unit) clients and rehabilitation to CRU (Continuing Rehabilitation Unit) clients within the unit. We also have a self contained assessment flat in the building which is used to assess independence as our clients approach discharge.

Fen House opened in 2005 and is currently the only Brain Injury Rehabilitation Trust (BIRT) service under the DT group within the East Anglia region. Fen House is also the only residential brain injury unit in this region.

BIRT is a division of the Disabilities Trust, one of the UK's leading national charities which provides services to people with physical impairments, autism, learning disabilities and brain injury.

In 2009, the DT celebrated their 30 year anniversary, headed by the chair of trustees Peter Jackson and our patron the Duchess of Northumberland. The Brain Injury Rehabilitation Trust (BIRT) is a leading European provider in specialist brain injury rehabilitation, supporting people to regain lost skills following acquired brain injury.

Fen House is now in its sixth year of operation, during that time we have steadily built up a well developed rapport with commissioners, professionals and other services.

Fen House has achieved a rating of good from the Care Quality Commission Inspection and has also been awarded CARF Accreditation. CARF (Commission for Accreditation of Rehabilitation Facilities) give a highly acclaimed endorsement following an in depth review of services, that recognises a service's commitment to conforming to nationally and internationally recognised service standards in brain injury rehabilitation. More information on CARF can be found on their website (www.carf.org). The next review by CARF will take place in 2012.

At Fen House we are committed to work towards the Disabilities Trust vision: "to continue to meet the individual and ever changing needs of all the people we support, by striving to be the country's most progressive and respected provider of services".

Developing our programme \ plans for the coming year

Fen house is looking forward to a year of further expansion and achievement within brain injury services.

We have identified a gap in continuing services in our area. We propose to offer an additional discharge option of a Transitional Living Unit with specialist support from staff trained in brain injury rehabilitation.

This new service will provide an option for those clients whom it may be difficult to assess within a unit environment; the clinicians will be better able to assess independence and safety issues for those clients who may be considered for an independent/semi independent discharge option.

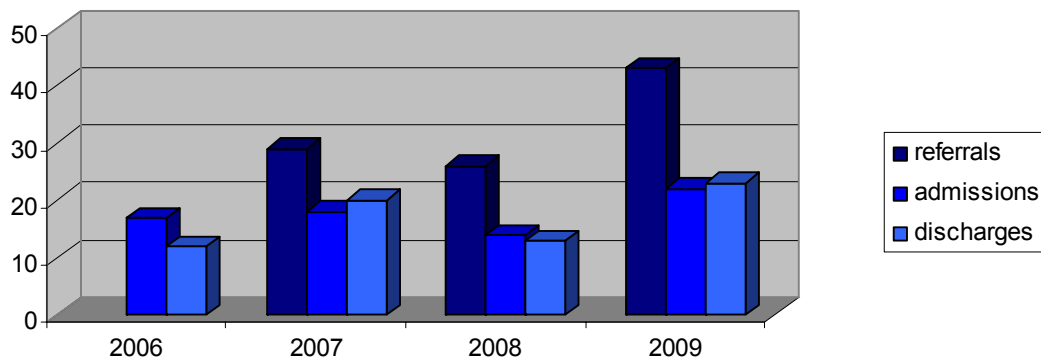
We are also looking to provide a smaller long-term service which will be staffed by experienced brain injury rehabilitation workers.

We are also planning to expand the remit of Fen House to include service users who are aged 16-18. To do this we will need to develop a small separate living accommodation in the grounds of Fen House.

Clinical activity

The calendar year of 2009 saw Fen House's busiest year since opening. There were more referrals, admissions and discharges than ever before. Figure 1 compares 2009 activity with previous years. There was no information on total number of referrals for 2006.

Figure 1: Clinical activity at Fen House 2006-2009

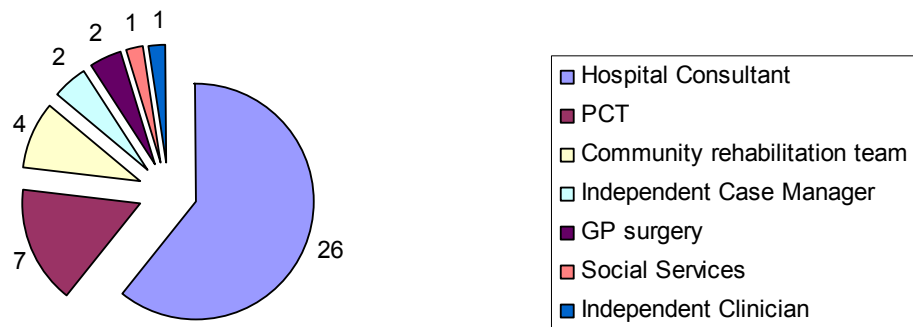


Referrals

Our admissions procedure involves all referrals made to Fen House being considered by the Service Manager and the Consultant Neuropsychologist. The referrals for whom the programme may be suitable are then progressed to a BIRT-standardised pre-admission evaluation process. These are conducted by one of the two psychologists at Fen House, often with additional input from other members of the transdisciplinary team. The process typically involves several hours' worth of interviewing the potential service user as well as any family members and/or professional staff who are available. Clinical records, where available, are also reviewed. In addition to assessing the potential for clinical improvement with a residential admission, a full clinical risk assessment is conducted.

In 2009, a total of 43 referrals were made to Fen House. It can be seen from Figure 1 that there was a 65% increase in referrals from 2008. Figure 2 shows the source of referrals. As can be seen, the vast majority (61%) of referrals came from Hospital Consultants and their teams.

Figure 2: Source of referrals



Out of these 43 referrals, 33 completed pre-admission evaluation. Twelve of these were conducted at Fen House, allowing the potential service user, family and treating staff to visit the premises as well. The remaining 21 evaluations were conducted on the site where the potential service user was at the time of referral; typically this was on an acute hospital ward.

Admissions

As displayed in Figure 1, there were 22 service users admitted to Fen House in 2009, which represents an increase of 57% from the previous year. Of these 22, 17 were male and 5 female. Figure 3 shows the breakdown of the services users by diagnosis. Of the 8 (36%) service users with traumatic brain injury (TBI), 7 were involved in road traffic accidents (RTAs) and one was involved in a fall. Six (27%) service users sustained brain injury by cerebrovascular accident (CVA, otherwise known as “stroke”), while 5 service users suffered hypoxic brain injury (in which the brain is starved of oxygen due to a problem with blood circulation or low oxygen in the blood). Three service users had “other” brain injuries, with one requiring neurosurgery for an intraventricular cyst, one requiring neurosurgery for a craniopharyngioma (a type of tumour) and one sustained brain injury resulting from hypoglycaemic (diabetic) coma.

Figure 3: Admissions by diagnoses

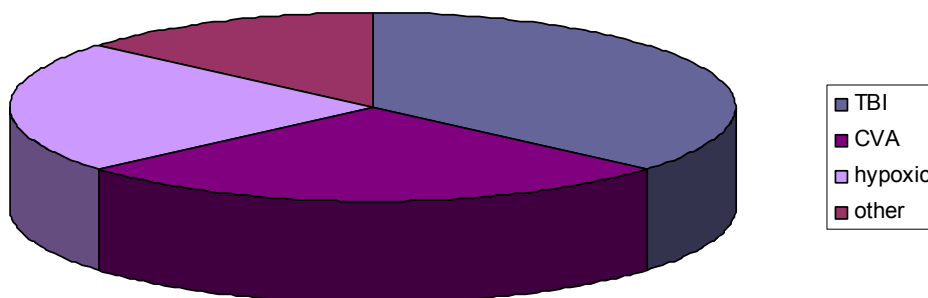
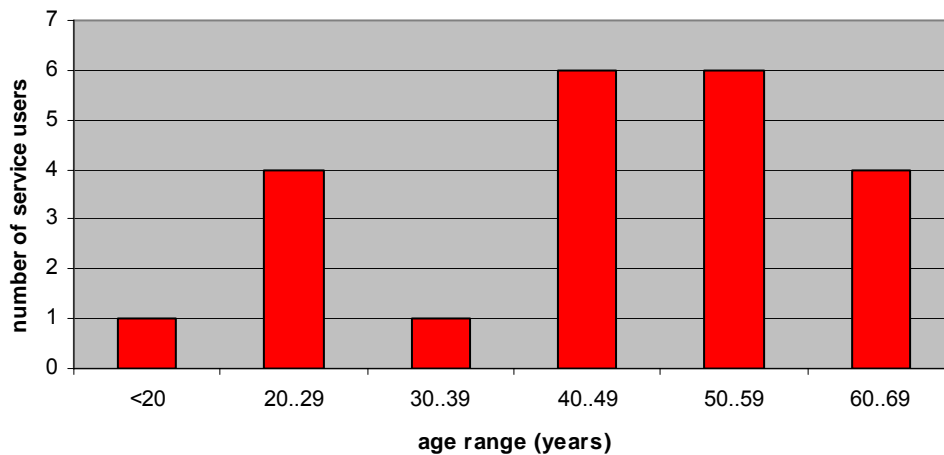


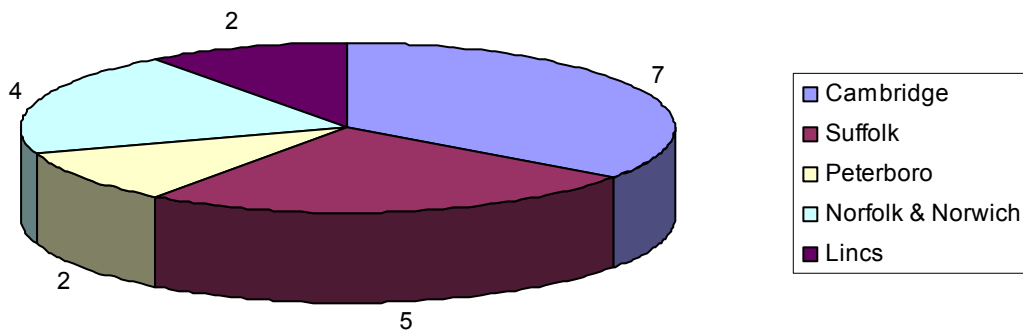
Figure 4 shows the age of the service users on admission, banded into decades. The service users' ages ranged from 19.6 years to 64.1 years, with average age on admission 45.2 years and standard deviation 14.4 years. As in the 2008 analysis, again the two age ranges with the most admissions were 40-49 years and 50-59 years.

Figure 4: Age on admission to Fen House



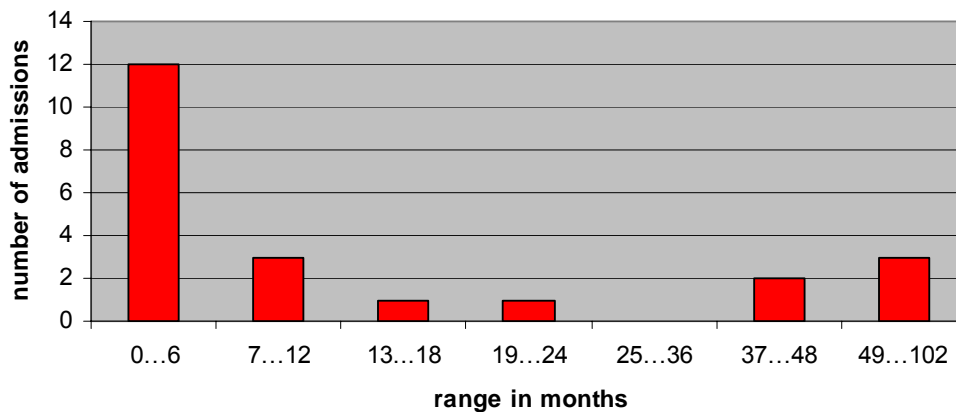
Of the total 22 admissions in 2009, all but two were funded by the local Health Authority. The two exceptions were both funded through interim payments received during the litigation process. Figure 5 shows the 20 Health-funded admissions by county. The PCT that most frequently funded our 2009 admissions was again Cambridgeshire (35%).

Figure 5: Health funding for admissions



The time between injury/illness and admission to Fen House is represented in Figure 6. Twelve (55%) of the admissions took place within 6 months of injury. This pattern of a majority of “early” post-acute admissions is similar to previous years. Time between injury and admission ranged from 2 months to 101 months (over 8 years), with average of 18.1 months and standard deviation of 25.8 months.

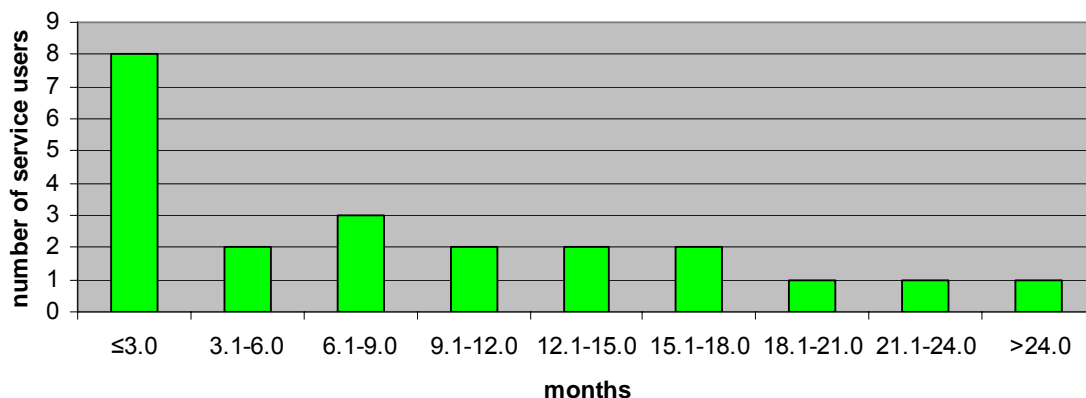
Figure 6: Distribution of time since injury to admission



Discharges

In 2009, there were 23 discharges from Fen House, which, as mentioned above, is the highest number of discharges in a calendar year and is a 77% increase on 2008. The length of admission for these 23 service users ranged from 0.4 months to 52.1 months, with average of 9.8 months and standard deviation of 11.4 months. Figure 7 shows the distribution of length of stay for the 23 discharges; 8 (35%) service users had admission duration of no more than 3 months.

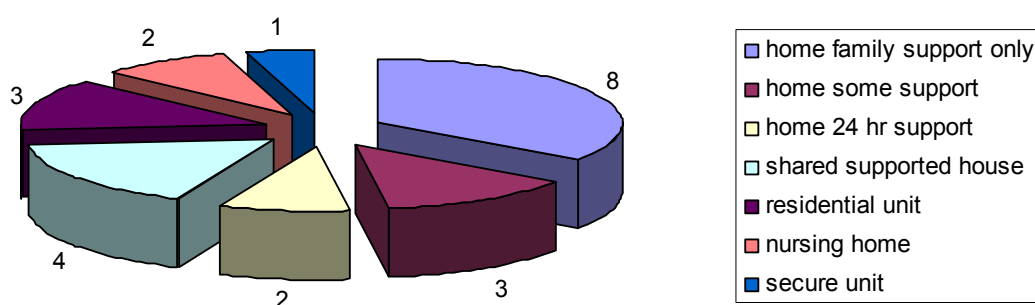
Figure 7: Length of stay for 2009 discharges



The 2009 discharge data compares to a mean length of admission in 2008 of 8.6 months and a smaller standard deviation of 6.4 months. Although there is, statistically speaking, no difference between the two years' averages, it is of note that 5 (22%) of the discharges were services users from the Continuing Rehabilitation Unit programme (where the length of admission is planned to be longer than the Community Integration Unit programme). In 2008, only 1 (8%) of the discharges was from the CRU programme.

Figure 8 shows the discharge destination for the 23 service users who were discharged in 2009. As can be seen, 8 (35%) of the discharged service users returned to community living with either no support or support provided only by their family.

Figure 8: Destination at discharge



Four (17%) service users were discharged into shared supported living in the community, typically with one or two other clients with acquired brain injury. A further 3 (13%) service users were discharged each into their home with some external support (often funded by Social Services) or to a longer-stay residential unit. Two (9%) service users were discharged into their own flat/house with 24/7 support provided by Social Services. Another 2 (9%) service users were discharged into nursing home placements, while one service user (4%) required urgent transfer to a secure neurobehavioural unit following an acute deterioration in presentation.

Clinical outcomes for discharged service users

Of the total 23 discharges in 2009, outcome measure data were available on 21 service users. One of the discharged service users (from the CRU programme) had been admitted prior to the implementation of the current outcome measures. One other service user was transferred to a secure unit within one week of admission and no outcome measures were therefore performed. There are three key outcomes with which we currently measure the success our clinical programmes:

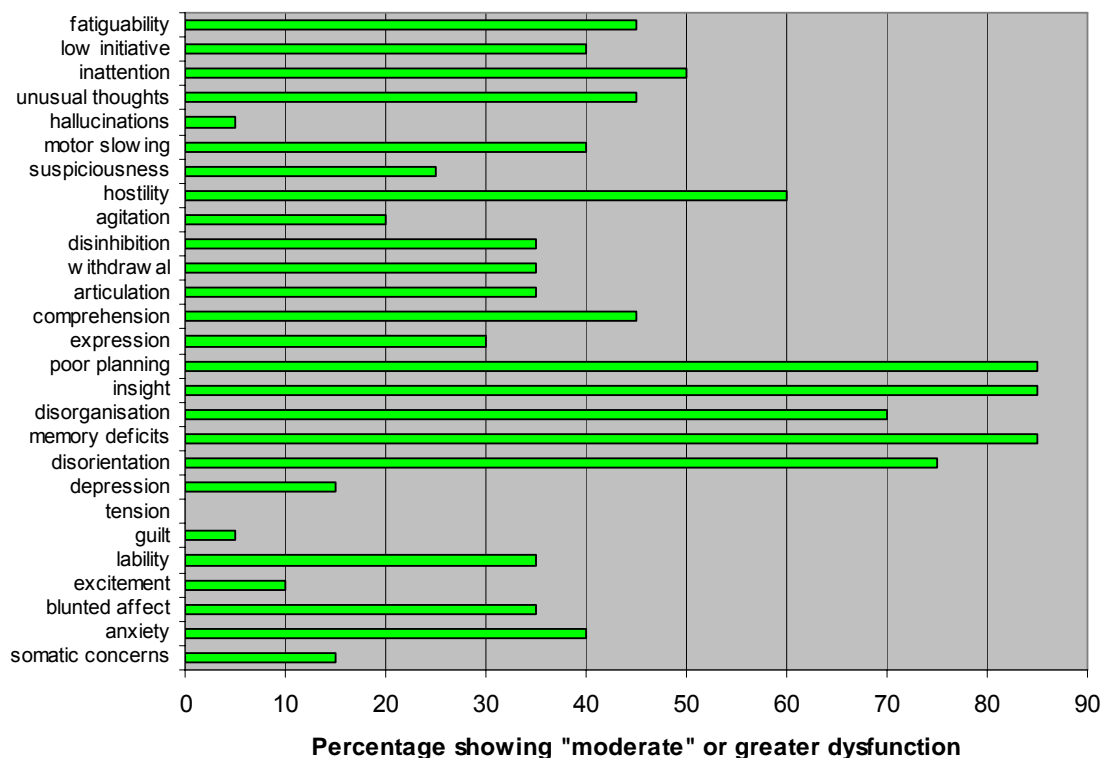
- Reduce frequency of challenging behaviour (Neurobehavioural Rating Scale; NBRS; Levin et al., 1984)

- Reduce frequency of aggressive behaviour (BIRT Aggression Rating Scale)
- To increase service user life skills (Supervision Rating Scale; Boake, 1993)

Frequency of challenging behaviour

The NBRS has 27 items relating to discrete areas of neurobehavioural function rated by a clinician on a scale between “0” – not present, through to “6” – extremely severe. Each service user is rated on all 27 items at both time points for admission and discharge.

Figure 9: Admission NRS data for service users discharged in 2009



Admission data were available (and are shown in Figure 9) for the NBRS for 20 of the 23 discharged service users. The NBRS was not able to be administered to one service user due to the severity of his physical and cognitive deficits. Of note in Figure 9 is that 85% of the service users were rated as at least “moderate” impaired in the domains of planning, insight and memory. Seventy-five percent met this criterion for disorientation and 70% for disorganisation. Sixty percent were rated as at least “moderate” in hostility and 50% for inattention. Domains that were not particularly affected in this group included tension (0%), guilt and hallucinations (5% each).

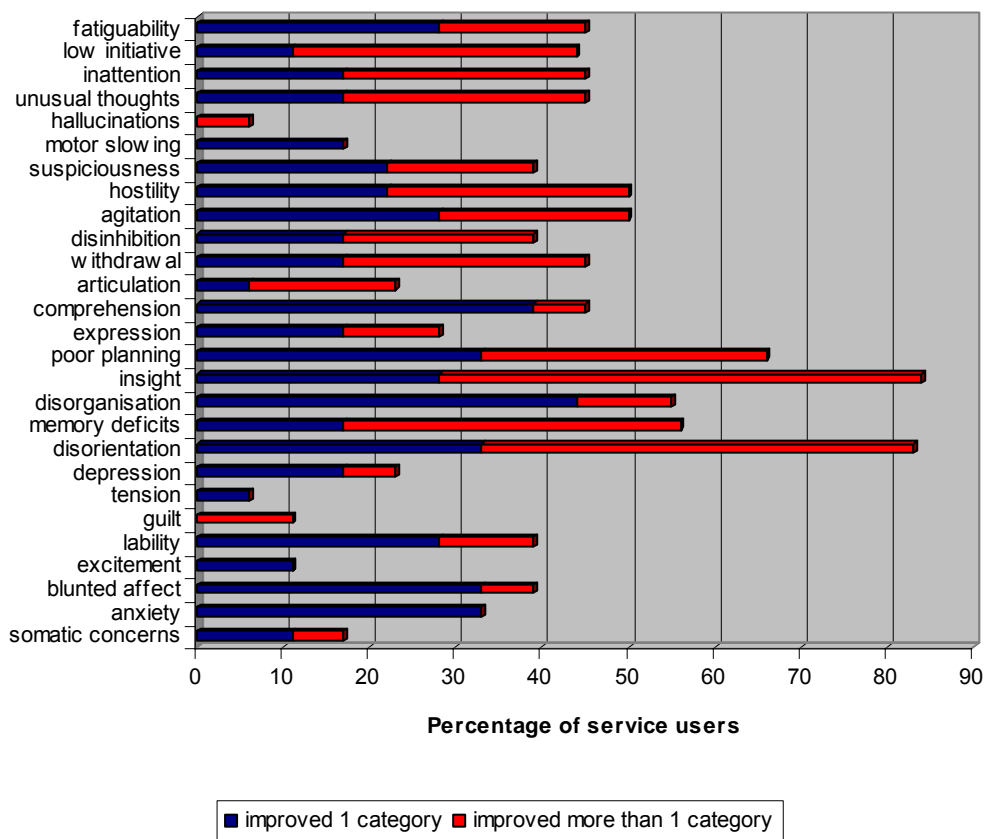
In terms of change from these admission data to discharge, this sub-group of 18 discharged service users showed an average of 15 (SD of 11) points

improvement on the NRS, ranging from -1 (a deterioration of 1 point) to 37. Figure 10 shows the data for change on the NRS from admission to discharge for the 18 service users.

The most change (65-84% of discharged service users had improved by at least one category) was noted in the domains of disorientation, insight and planning. There was also high frequency of change (49-56% of service users) in memory, disorganisation, hostility and agitation.

Perhaps not surprisingly, the lowest frequencies for change were noted in tension, guilt and hallucinations. Referring to Figure 9 above, these problems occurred with very low frequency to begin with.

Figure 10: NRS change scores admission to discharge

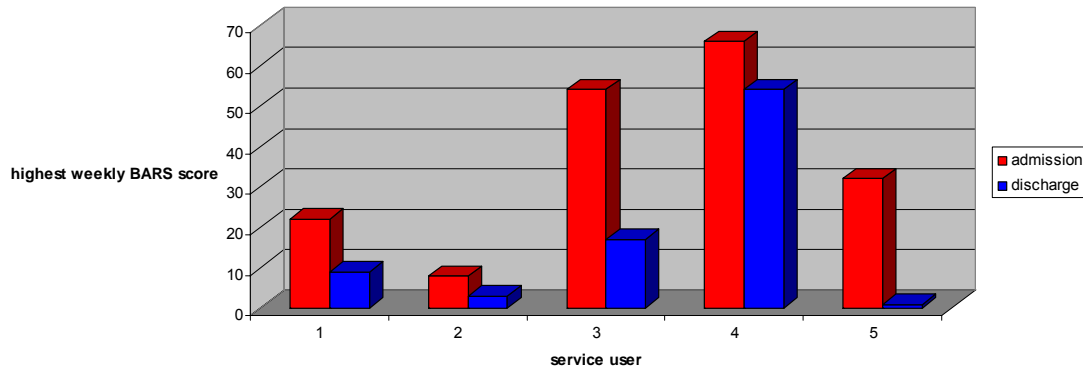


Frequency of violent behaviour

Of the 23 service users discharged in 2009, 5 (22%) met the criteria for high aggressive behaviour soon after admission. High aggression was determined by the highest weekly total Irritability/Aggression score (a weighted index on the BIRT Aggression Rating Scale; BARS) of 6 or greater recorded during the first month of admission.

Figure 11 shows the data for admission and discharge BARS recordings for the 5 discharged service users who initially showed high levels of aggression. All 5 service users demonstrated a reduction in their discharge recordings from admission.

Figure 11: BARS ratings for aggressive service users

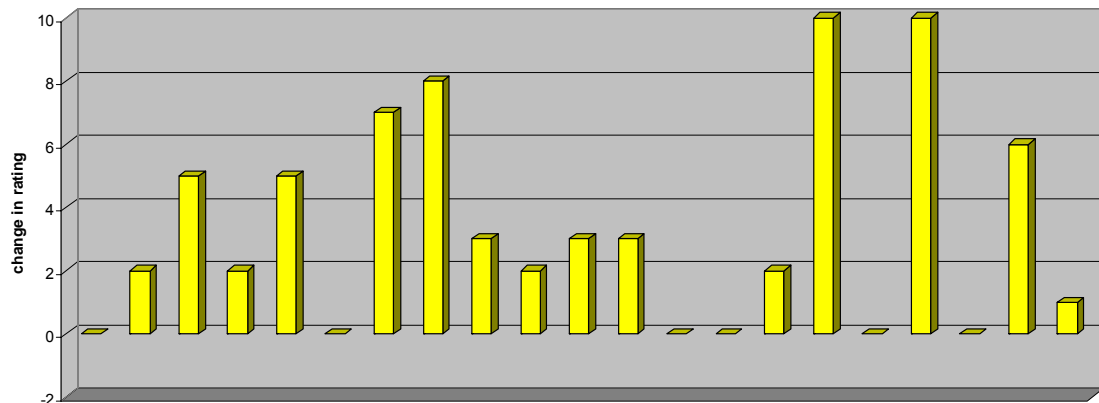


Service user life skills

Services users are also rated on the Supervision Rating Scale both on admission and discharge. This measure involves 13 ratings which range across 5 levels, “1” – independent through to “5” – full-time direct supervision. As a number of our service users are admitted from the community in which they have been inadequately supported, ratings for both “actual” and “needed” are made for admission.

Data in Figure 12 shows the change in level on the SRS from (“needed”) admission to discharge, with positive scores reflecting an increase in independence. There were no deteriorations in level scores for all 21 service users; indeed 15 of these (71%) showed improvements of at least one level, while 6 remained the same. Mean improvement was 3 points with a standard deviation of 3 points.

Figure 12: Change in SRS scores admission to discharge



Feedback from service users, families and referrers

Satisfaction questionnaires are routinely sent out to all service users, families and referrers. In 2009 we received back 23 completed forms from our service users.

Figure 13: Fen House service user feedback 2009

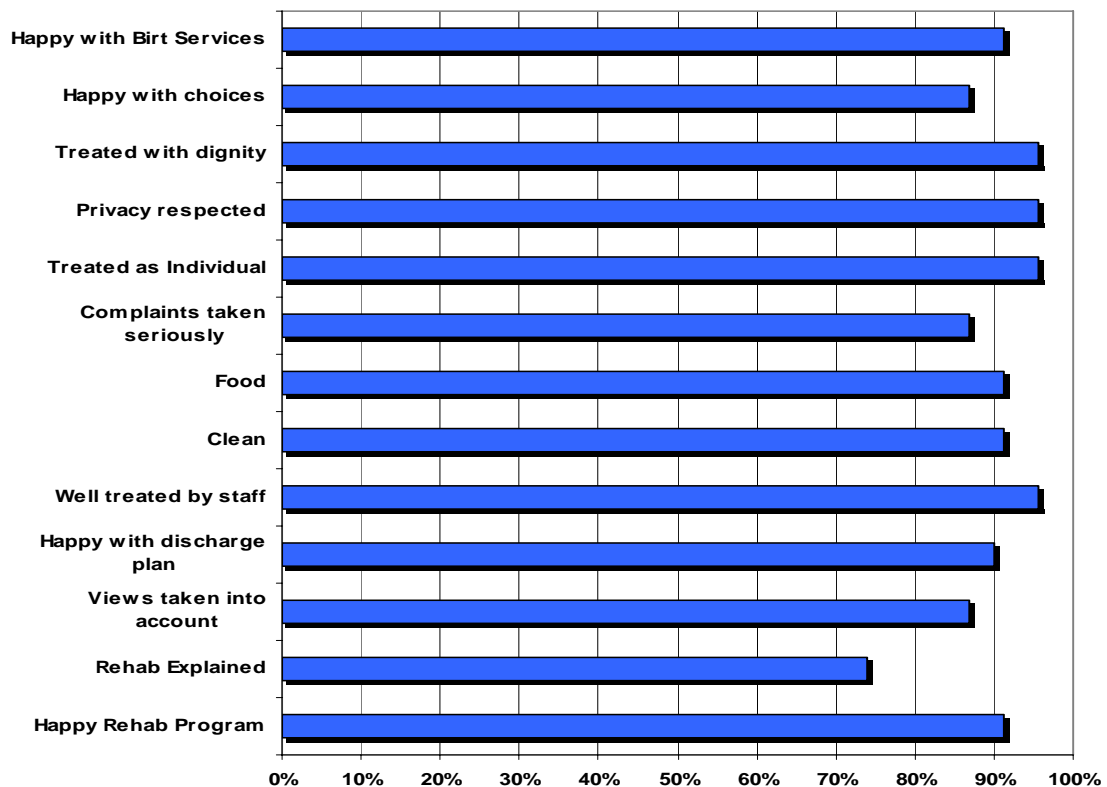
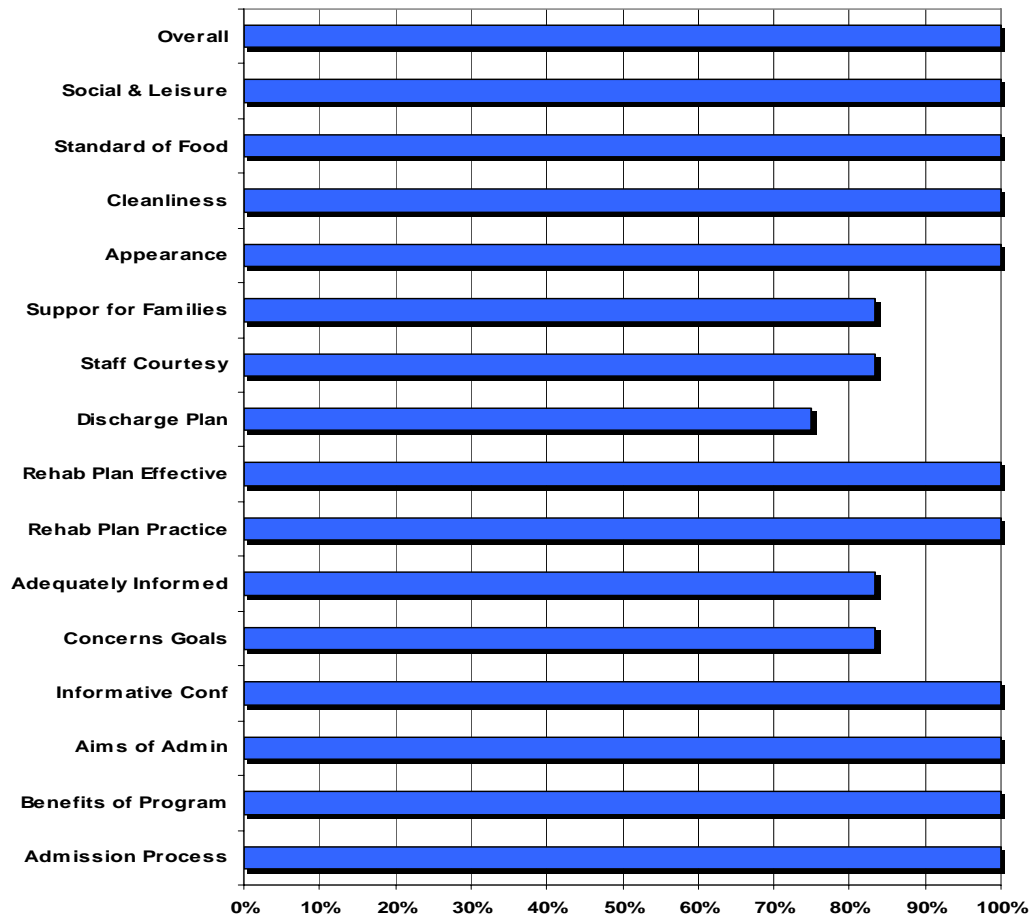


Figure 13 presents this feedback information in terms of the percentage of service users who considered themselves “happy” or better for each item surveyed. Only one item fell below 85% - that their rehabilitation was adequately explained to them – and this was still 74%. These results are considerably improved upon the feedback we received in 2008, in which 4 items fell below 60%.

Figure 14 shows the feedback from returns of the family questionnaire (n = 6). Unfortunately we only had one returned referrer questionnaire (although incomplete, the referrer had indicated “happy” or greater on 6 out of 6 items). The rates of return were disappointing given that in 2008 we received 13 family forms and 34 referrer forms.

Figure 14: Family feedback forms



Only one item on the family questionnaire came back below 80% “happy” or better – regarding the discharge plan of the service user. As discussed in our 2008 annual report, it was planned to appoint another Clinical Psychologist to act as clinical lead. A substantial part of that role involves liaising with family members to keep them informed of the rehabilitation process and to support their needs.

Staff Training

During 2009 Fen House has achieved successful training and development progress.

- We now have a Health & Safety representative, Ms Cas Anderson-Dickson who carries out all our Fire, Health & Safety training.
- “Who Cares” training was carried out and was very successful with the staff team.
- All our new staff are currently completing The New Common Induction Standards.
- Fen House now has 16 fully trained First Aid staff including 3 of the night staff.
- Fen House have now 70% staff completing NVQ 2 or 3.
- Michelle Carter, a member of the Team Seniors, has completed an Assessors Award for NVQ.
- Rebecca Legge and Kelly Macconnachie are fully qualified trainers for SOVA.
- Kelly Mcconnachie is now qualified to carry out Basic Brain Injury Training.

Working with families

During 2009, all of our families were sent the BIRT information leaflets. We also wrote to all families and asked their preference on convenient days and times to attend family education groups. In some cases additional information relating to the client's brain injury was sent to families if this was thought to be appropriate.

Fen House keeps in touch with Service User families through a clinical lead, clinical keyworker or primary support worker. For clients on the assessment programme a family meeting is also scheduled 4 weeks after admission.

Families have the opportunity for informal feedback through the above channels and once a year are sent a satisfaction questionnaire.

Events and News

Brain Injury Awareness Week March 2009. Sponsored Car Wash



Service Users and staff have a fun afternoon washing cars at the local fire station. So much fun was had that one of the customers helped wash his own car and gave a super donation to the unit.

Brain Injury Awareness Week March 2009



Service Users made craft items to sell on the stall. Manned by staff and service users the day was somewhat windy but fun.

National Carers Week 2009



Service Users hold a barbecue for Staff at Fen House.

Jubilee Party July 2009



Service Users at Fen House choose to have a London Themed Jubilee party with fish and chip dinner. Fish and chips provided by local Fish and Chip businessman Mark Petrou.

Barry Peters a local musician entertained everyone with some good old time London music .

Discovery Group Meet Fire Service July 2009



Service Users meet the local Fire Brigade to see a demonstration of the RV .

Medieval Event September 2009



Service Users held planning meetings over a couple of months before holding a Medieval Extravaganza at Fen House. All of the props and most of the outfits were made by staff and service users. Families and friends of Fen House were also invited and the event raised nearly £700 on the day.

Day out at Duxford 2009



Service Users and staff enjoying a fun day out at the Duxford Aviation museum just outside Cambridge.

Sailing at Grafham Water 2009



Continuing a much loved hobby sailing at Grafham Water near Huntingdon.

Concluding remarks

Yet again it has been a busy year at Fen House!

Hatch, match and dispatch

We have said farewell to Jo Ailsby, Team Senior, after the birth of her daughter, and to Lisa Parsons, Occupational Therapist, who has transferred to another BIRT service. Our long-serving business administrator, Emma Hunter, has married and been promoted within BIRT to a more regional role. One of our committed Rehabilitation Support Workers, Isabella Wood, has successfully secured a post as a social worker. Pav Sohal also left to continue her journey to becoming a qualified clinical psychologist.

We have said a big welcome to some new staff this year: Margaret Kraemer joined as a Business Administrator, Kate Buchan and Gabrielle Rehberger joined us as Assistant Psychologists. We have also been joined by 10 new Rehabilitation Support Workers.

Service user achievements

We have achieved an extraordinary number of positive outcomes for service users this year. Twenty-three service users have left Fen House to continue their rehabilitation.

Service users have been involved in developing the service this year into a thriving, bustling environment. This has included a medieval “fayre”, a London street party, service user holidays and promoting the awareness of Brain Injury.

Quality

As described earlier we have also achieved a re-accreditation of CARF, as well as retaining our 2 star ‘GOOD’ status following our inspection by the Care Quality Commission.

Research and Education

We have an embedded learning culture at Fen House, 12 staff have enrolled on an NVQ and 5 have completed their award.

Two members of our clinical team are undertaking research projects:



Andrew James, Consultant Neuropsychologist, is currently undertaking research at the University of York into behavioural disorders following brain injury. He has recently presented this research at an international conference on neuropsychological rehabilitation in Estonia.



Nicholas Behn, Speech and Language Therapist, is currently under taking research in conjunction with the University of Sydney, into the effectiveness of communication training to paid caregivers of people with traumatic brain injury. Nick has presented at the British Aphasiology Conference in Sheffield and at the BIRT Innovations Conference in Birmingham.

All of the achievements this year could not have been reached without the hard work and commitment of all of the team at Fen House, who work tirelessly to support people with a brain injury to become more independent.

I would like to thank them for their continued support to improve people's lives.

Denise O'Brien
Service Manager