

# West Heath House Birmingham



## Annual Report 2009

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## **INTRODUCTION**

This is the tenth annual review of West Heath House. It has been a year of change at West Heath House, with an entirely new clinical team, a new manager and a high turnover of rehabilitation support workers. We have also seen the refurbishment of our sister unit at 1101 Bristol Road, which had flooded in the storms of 2008. All staff and residents at Bristol Road are now back in their own building, which has freed much needed space for new admissions. We have welcomed many new faces to West Heath House but discharged many service users back to their homes and families. It has felt a satisfying year for the service.

## **WHAT WE DO**

The rehabilitation programme at West Heath House provides a full post acute brain injury rehabilitation service including assessment, comprehensive rehabilitation and discharge to community facilities. Our service is oriented towards people who are medically stable and have potential to make improvements in their level of independence and functioning. We also cater for people who show challenging behaviour and who will be difficult to manage on a medical ward but whose rehabilitation needs are largely psychosocial and neurobehavioural.

The building contains twenty five individual en-suite bedrooms for individual service users. We have two skills kitchens which allow service users to develop cooking and independent living skills, a suite of computers which keep us in touch with the 21<sup>st</sup> century and allow service users to access the internet. We have a number of meeting and group rooms to facilitate treatment as well as a specialised physiotherapy room.

Our admissions predominantly come directly from hospitals, often in the early stages of recovery from an acquired brain injury. We are known in the local area as a service which can take people with complex needs, often too difficult or challenging for other services.

West Heath House rehabilitation programmes follow the Brain Injury Rehabilitation Trusts well-established neurobehavioural model. Each individual receives a comprehensive assessment, following which their problems are formulated according to a standard agreed in World Health Organisation guidelines. We then devise a rehabilitation plan which enables them to maximise their independence and functioning. New for 2009 has been a formalised assessment of each service user's own rehabilitation goals, which has helped to ensure that we achieve their own aims in life. This is supported by comprehensive risk assessment and management programme. We offer an

expanding group programme, taking advantage of work carried out nationally within BIRT to offer a range of DVD based groups. We have good links with other local services, allowing us to integrate our service users with facilities for ongoing support within their locality.

## CLINICAL ACTIVITY

### Admissions

West Heath House admitted a total of 19 service users in 2009. Admission rates over the last nine years are summarised in Table 1 below.

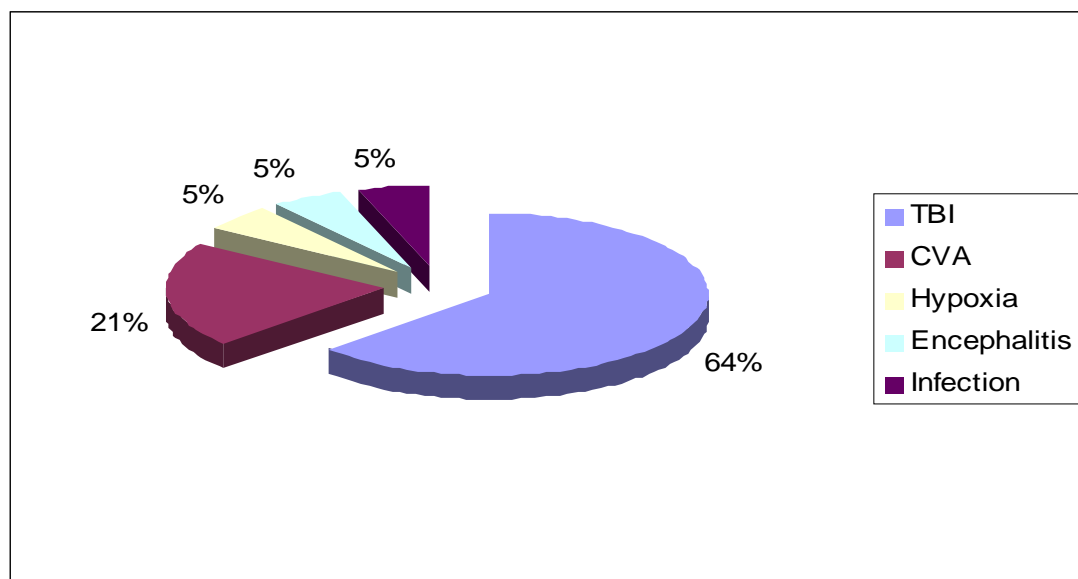
**Table 1: Admission rates since opening**

1999-2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
49	22	18	20	16	18	22	23	16	19

### Who was admitted to West Heath House in 2009?

Figure 1 below summarises the primary diagnosis of people admitted during 2009. Traumatic Brain Injury (TBI) accounted for by far the largest proportion of admissions in previous years and again was the largest cause of injury this year. The next largest cause was cerebral haemorrhage.

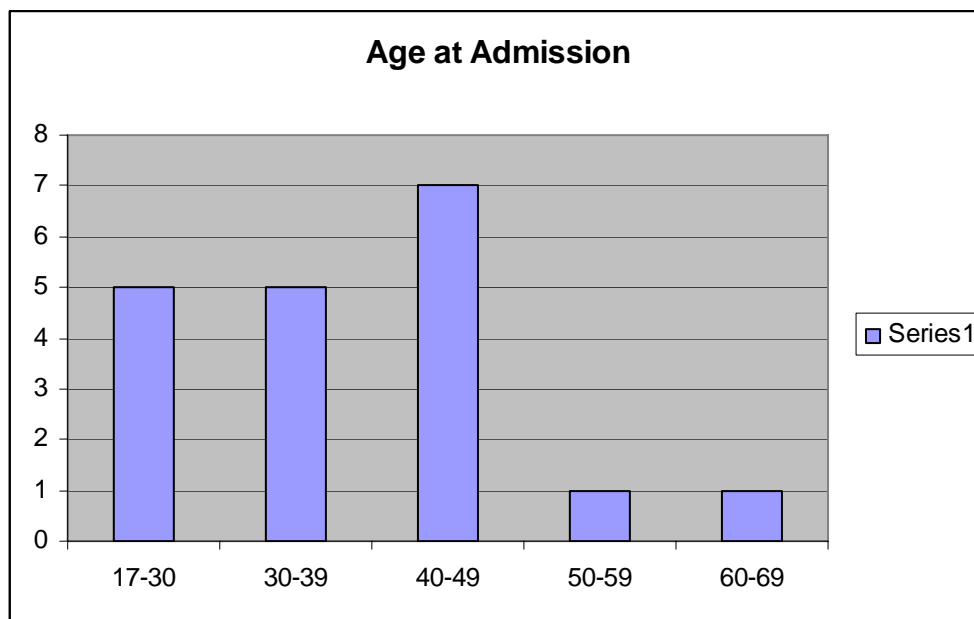
**Figure 1: Causes of Brain Injury**



## Age at Time of Admission

Age distribution is shown in Figure 2 and the mean age and age range of admissions is given in Table 2. The average (mean) age of persons admitted was 37 years, slightly younger than in the last few years.

**Figure 2: Age at Admission**



**Table 2: Mean age and range of Admissions 1999-2009**

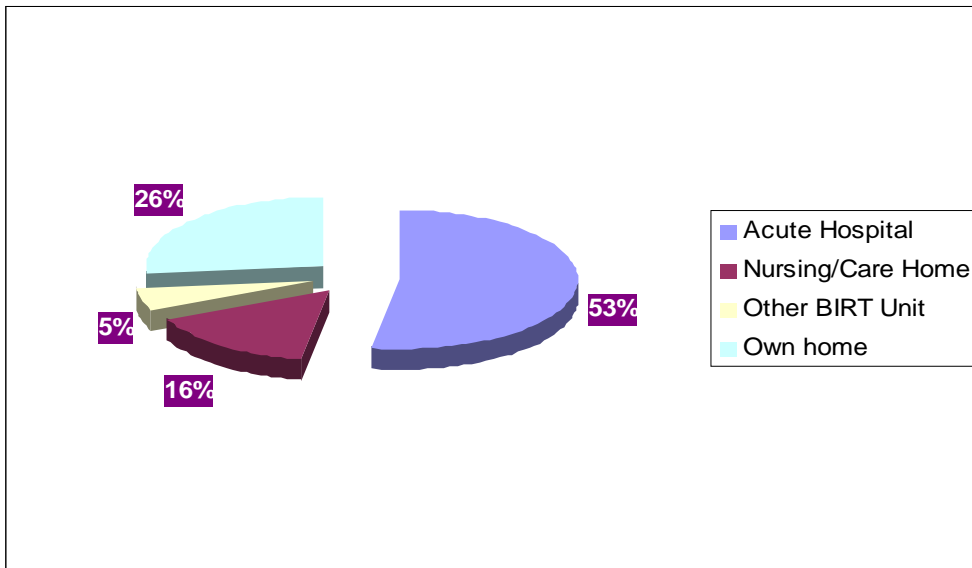
Average Age	40	38	40	32	42	34	35	41	43	37
Age Range	19-71	22-63	22-66	18-51	21-60	18-49	18-63	20-63	20-66	17-68

These figures show that we remain a service primarily for working age adults, with most service users under 50 at the time of admission.

### Where were people admitted from?

Figure 3 shows the pre-admission placements of all people admitted in 2009.

**Figure 3: Pre Admission Placements**

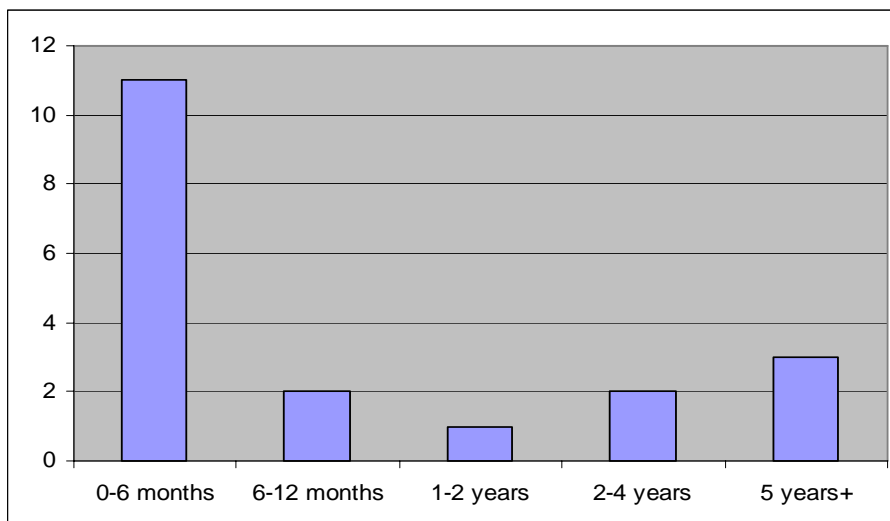


Just over half our new admissions were transferred from hospital, mostly from acute wards. This reflects the growing awareness of our services and the need of staff to find rehabilitation placements. A number of people were also transferred from their own homes, often after a placement had broken down.

### How long after injury were people admitted?

Figure 4 shows the range of elapsed time since injury or illness for admission

**Figure 4: Time Elapsed between injury and admission**

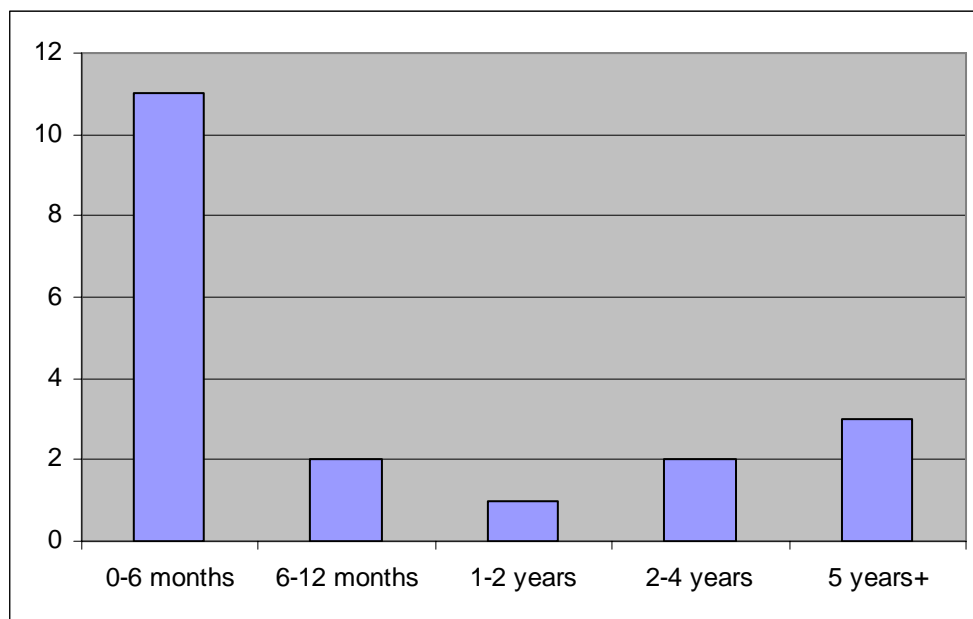


There is a wide range of time elapsed since injury, ranging from around three months to eleven years, with a mean of just over three years. The mean is affected by two clients who were admitted many years after their injury, having been injured in childhood and being admitted to BIRT services when they became adults. The majority of service users were admitted within six months of injury, reflecting our increasing role in providing post-acute rehabilitation in the West Midlands.

### Discharges in 2009

A total of fifteen people were discharged in 2009. Their length of stay is shown in Figure 5 below:

**Figure 5: Length of Stay of 2009 Discharges**

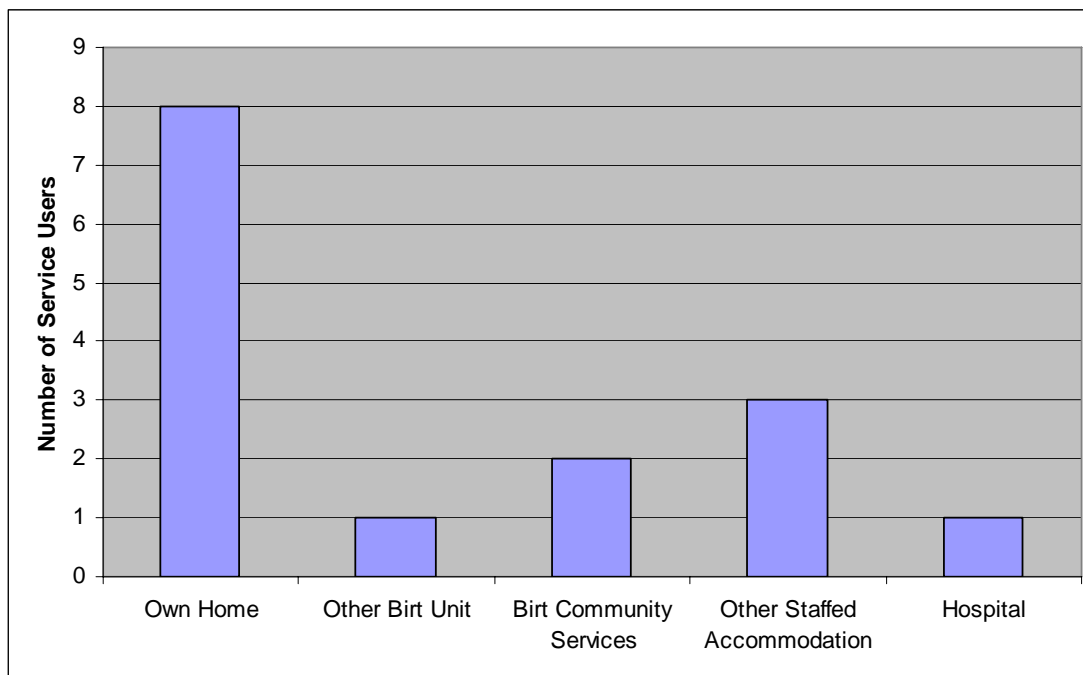


These data demonstrate that we continue to be primarily a short stay Assessment and Community Integration unit, with two thirds of our service users remaining with us for less than twelve months. Those who have more complex needs may stay longer but are also included in our successful discharges.

## Where do people go after their discharge?

The destinations of our discharges are given in Figure 6 below:

**Figure 6: Discharge Destinations**



This demonstrates that the majority of our service users leave to live with their relatives or spouses. Some also go to other placements within BIRT, with a few still needing residential accommodation at the end of their stay with us.

## OUTCOMES

We measure outcomes using standardised outcome measures as well as individual goal setting during the rehabilitation programme. We use the Supervision Rating Scale to describe levels of support required and the Community Disposition Scale to record accommodation needs and engagement in activity. Specifically we measure the type of accommodation and support needs required at the time of admission and discharge, and changes in the type of day time activity including work or study that an individual is engaged in on admission and in the plans for discharge.

### Level of Supervision

The level of supervision required at the time of admission and planned for the discharge destination is measured using the Supervision Rating Scale, which ranges from fully independent living, different levels of part time supervision (overnight supervision only, individuals being left alone for

a full working day, being able to leave an individual unsupervised for up to an hour) through to full time supervision. (for example requiring checks every 30 minutes through 1:1 supervision). Table 3 summarises the changes in supervision requirements overall for those service users discharged in 2009.

**Table 3: Changes in Supervision Levels**

	Independent	Part Time Support	Full Time Support
Admission	6%	6%	88%
Discharge	47%	20%	33%

It demonstrates a substantial increase in the number who can live independently, rising to nearly 50%. There is also a substantial decrease in those who need full time support.

### **Levels of Accommodation**

Table 4 summarises changes in accommodation level.

**Table 4: Changes in Accommodation Level**

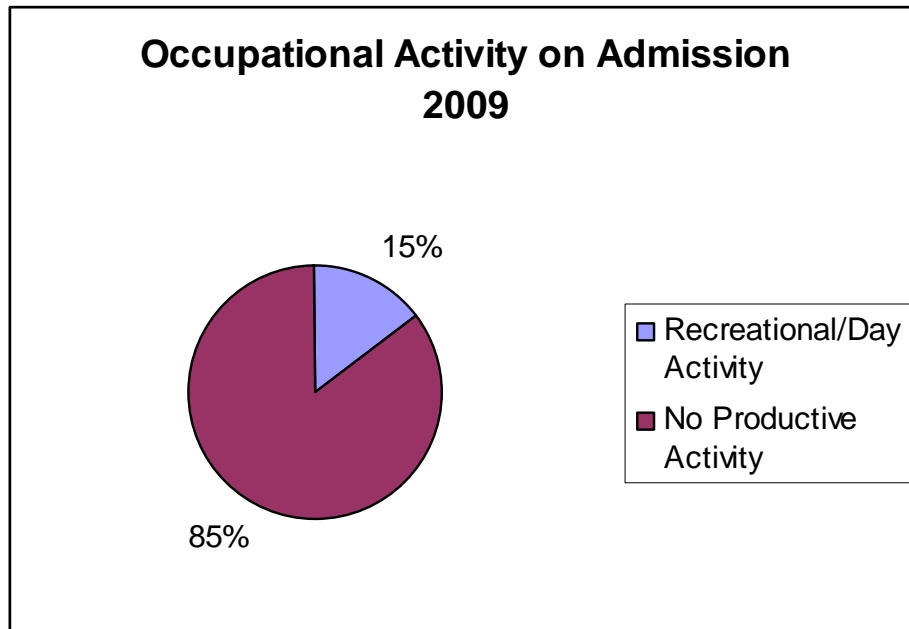
	Independent/with family	Supported Living	Residential
Admission	11%	8%	81%
Discharge	53%	12%	35%

This demonstrates that our service users achieved a marked reduction in the level of supervision they required. The majority of service users discharged from West Heath House were able to return to live either independently or with family, and others went to less supervised units within BIRT or provided by other organisations.

## Occupational Activity

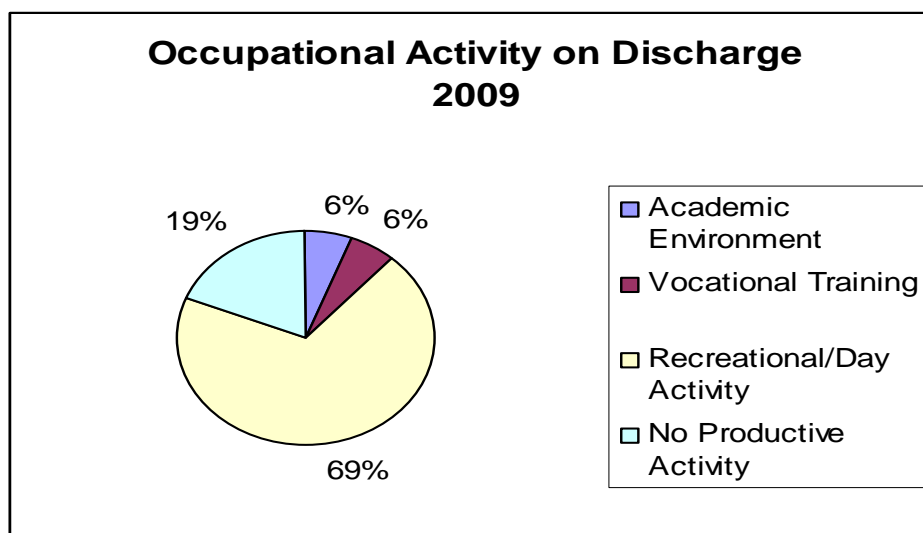
On admission, most of our service users had no productive activity, as shown in Figure 7 below:

**Figure 7: Occupational Activity on Admission 2009**



By the time of discharge, the proportion of service users with no productive activity has reduced markedly, with most taking part in some productive activity. This is shown in Figure 8 below:

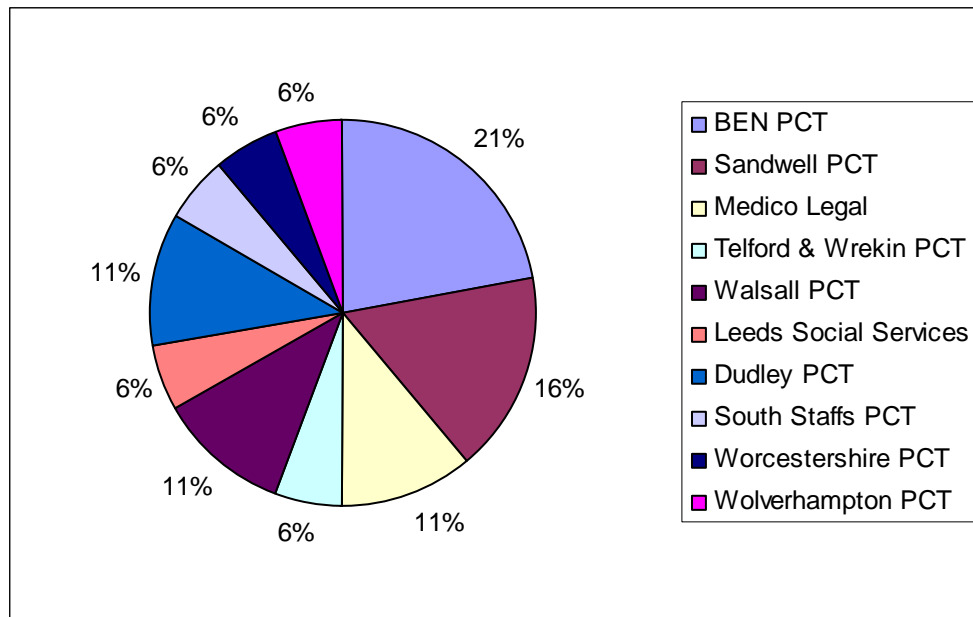
**Figure 8: Occupational Activity on Discharge 2009**



## FUNDER PROFILE

Placements at West Heath House maybe funded through PCTs, Social Services, a combination of both (joint funding) or insurance payments (medico-legal funding). Figure 9 below shows the distribution of funding for 2009 admissions:

**Figure 9: Sources of Funding**



Most of our placements continue to be funded by PCTs, predominantly local to the West Midlands, but including some out of area. The contribution of Social Services remains small, reflecting our position as primarily a provider of acute rehabilitation services. The majority of our service users remain health funded for the duration of their stay.

## RECRUITMENT AND RETENTION

At West Heath House, 2009 saw the recruitment of a new manager and an entirely new clinical team. The manager is Brian Warr, who was formerly Director of Care for Acorns Children's Hospice. Brian brings a wealth of experience to the management of the unit and also a new management style. He has helped greatly in revitalising the general running of West Heath House, and in brightening the lives of staff and service users.

The first to be recruited among the clinical Team was Dr Tim Hull. Tim has a background in neuropsychology and mental health rehabilitation, and has previously worked in forensic services with severe challenging behaviour. He brings a great deal of experience of the flexible application

of neuropsychological and behavioural techniques in a range of settings, and has been occupied for most of 2009 in building a clinical team.

We have also recruited two new psychologists, Dr David Hacker and Dr Georgie Boothroyd. David works part time in local NHS neuropsychology services and also has experience in managing challenging behaviour in a mental health rehabilitation setting. David has been instrumental in introducing new ideas and clinical tools to the service, and will be involved jointly with Dr Tim Hull in service development. Georgie Boothroyd joined us in November, immediately after completing the clinical psychology training course at Oxford University, most recently at the John Radcliffe Hospital in Oxford, he will be a valuable asset to the team.

We have also recruited Helen Cunningham, a Senior Occupational Therapist. Helen has five years of experience in neurological rehabilitation in the NHS, and has undertaken a degree of leadership since our head Occupational Therapist, Pippa Clarke, has been on maternity leave.

2009 also saw the departure of Andrea Matthews, Assistant Manager. Andrea had been with BIRT for a number of years in a number of different capacities, and few areas of BIRT have remained untouched by her hand. However, Andrea decided that her true role was as a clinician rather than a manager and enrolled in a Masters degree in Occupational Therapy. Perhaps we may be able to welcome her back as an Occupational Therapist in the future.

## **STAFF TRAINING, DEVELOPMENT AND SUPERVISION**

The maintenance of a skilled and enthusiastic staff group remains central to the success of West Heath House. All staff are required to complete mandatory training in Manual Handling, Fire Prevention, First Aid, Food Hygiene, Safeguarding of Venerable Adults, Health and Safety and Infection Control. All staff attended basic brain injury awareness training and training in behavioural recording within the first six months of employment. Further intermediation training is provided after six months for staff, giving them the opportunity to draw on their initial experiences and to participate fully.

In addition, we have provided some extra in-house induction training for new staff. This has led to a series of top-up seminars at handover time, in which staff are given refresher courses in the basics of our neurobehavioural approach. These have been well attended and well received.

## **WORKING WITH FAMILIES**

At West Heath House we make every effort to involve families in the assessment and rehabilitation process. Families are invited to reviews and we work closely with families and other carers, particularly in cases in which the service user will return to live with their family. We have had a number of social events open to families, including a tenth birthday celebration where over 120 guests attended. We have also been fortunate enough to see two families appear on television to talk about their experiences at West Heath House. Shortly before our conference one of our service users and his wife were interviewed for the local television station in West Heath House, talking of their experiences and giving encouragement to others who have suffered brain injury.

## **EXTERNAL EVENTS**

2009 got off to a flying start with the launch of a CPD event, “Accentuate the Positives: Making the Mental Capacity Act Work for you in Neuropsychological Rehabilitation, held on 3 March. This focused on capacity, and Dr Tim Hull presented an overview of the mental capacity act. Ian Fussey from community services also presented and there were also speakers from Irwin Mitchell Solicitors. Professor Mike Oddy, the Director of Clinical Services, chaired the event.

### **BIRT Annual Conference**

Birmingham hosted the 2009 BIRT Annual Conference, Innovations: Models and Management in Brain Injury Rehabilitation”. This was a great success, attracting speakers and delegates from around the world. We hosted a visit from a neuropsychologist working in Tasmania. Dr Tim Hull spoke at the conference with a paper on the application of neuropsychology in forensic settings. Also Dr Vicky Hacker, neuropsychologist formerly at West Heath House, presented a paper on effort testing.

## **PLANS FOR 2010**

During 2010 we will maintain and expand our clinical programme. Our new psychology team is on stream now and will revamp our programme, particularly in the areas of cognitive rehabilitation and the management of challenging behaviour.

The programme of redecorating and improving the fabric of the unit will continue. We will further expand our existing work on shared formulation of service users’ difficulties, leading to ever more integrated programmes of care. We will also increase our work with service users’ families and other carers, bringing them fully into the BIRT family and helping them to feel part of their relative’s care.

## **CONCLUDING REMARKS**

2009 has seen a new management and clinical team at West Heath House. We have expanded and modernised our programmes of care and developed a service which has been greatly appreciated by funders and families. We have discharged many service users to their own homes, and others to other care providers. As always, our strength has been our multidisciplinary approach and the calibre of our clinical team, which is now up to strength and ready to provide high quality and personalised care to all service users.