

Why choose  
**Huntercombe Nottingham?**





## Nottingham Brain Injury Rehabilitation and Neurological Care Centre is a specialist centre offering rehabilitation, support and care to adults, both male and female, with a traumatic or acquired brain injury or other neurological condition.

Across our three interconnecting buildings we can accommodate individuals who need slow stream rehabilitation following a brain injury through to individuals with complex neurological conditions who need extensive nursing care or residential care.

We can also provide overnight respite care or day care services for those individuals living at home or in the community who, from time to time, wish to join us to meet others and to join in with the social activities on offer.

Our outpatient service offers individuals living in the community the opportunity to access a highly skilled therapy team. With sessional input from our Multi-Disciplinary Team (MDT) we can work together towards achieving an individual's identified goals.

We're happy to accept referrals either directly from individuals or their families as well as from other organisations.



With three distinct yet complementary services on one site, we can offer flexible care options from the same specialist on-site team



Each building offers a different but complementary service. Our patients can move seamlessly between our buildings as their care needs change whilst maintaining contact with the same Multi-Disciplinary Team.

Millwood is the setting for our slow stream rehabilitation service. We offer a range of therapies to help people relearn and practice everyday skills to give them the best chance of a return home. Patients are generally admitted to Millwood either directly from hospital following stabilisation or from our high dependency ward, Fernwood.

Fernwood is our high dependency service where we look after people with particularly complex nursing care needs. Patients may, for example, have tracheostomies, require assisted ventilation or may even be minimally conscious when they arrive at our service.

We can provide assessment for those patients in low states of arousal who require a SMART (Sensory Modality Assessment and Rehabilitation) Assessment. Most patients are admitted to Fernwood direct from hospital and, if their condition improves, we can easily transfer them either into our Millwood service for a period of rehabilitation or into Rosewood for longer-term care.

Rosewood is our service for individuals with complex disabilities who need long-term residential care. Patients may be in the later stages of a progressive neurological condition or may just need high levels of support. Patients typically move into Rosewood directly from the community or from our Fernwood or Millwood buildings.



We identify and organise therapeutic and social activities that are driven by individual patients' interests and goals

*"I just wanted to personally thank you and the team for doing this for my daughter. I cannot even describe how much this means to us all and how much better this makes us feel.*

*I'm so happy that she was able to get out of the unit and I hope that this will be the start for us all being able to motivate her to progress, knowing that more trips and outings can be on the cards, the more she engages with your therapies"*

*- Patient with tracheostomy on achieving goal to visit a nail bar.*



Our three activity co-ordinators work alongside our therapy team. Together they identify and organise individual patient activities that are not only therapeutic but which are linked to hobbies and interests enjoyed by our patients.

For example prior to his brain injury one of our patients used to enjoy climbing in the Welsh Hills. This patient had a goal to improve his higher level balance so climbing sessions at an indoor climbing centre enabled him to achieve this.

Another patient felt he would benefit from interaction with people his own age and had shown an interest in team sports.

For this patient we arranged for him to take part in a team basketball session at a nearby sports centre. More information about these two individual patients can be read in the case studies section of this brochure.

On a weekly basis we also organise trips out for swimming or hydrotherapy and gym visits. Other recent outdoor activities have included trips to a safari park, a visit to Leicester Space Centre, various cinema trips and a trip to watch the Tour of Britain Bike race. There is also an extensive range of activities available within the centre.



Our centre has met the agreed standards of quality and care by two external professional bodies



Safe



Effective



Caring



Responsive



Well-led

The CQC report rated our service as good across all five domains - February 2018

The Care Quality Commission (CQC) is the independent regulator for all health and social care services in England. Our centre was inspected by CQC in November 2017. The report published in February 2018 rated our service as good across all five domains.

*"People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions to ensure their rights were respected...People were supported by staff who showed compassion and were empathetic towards them.*

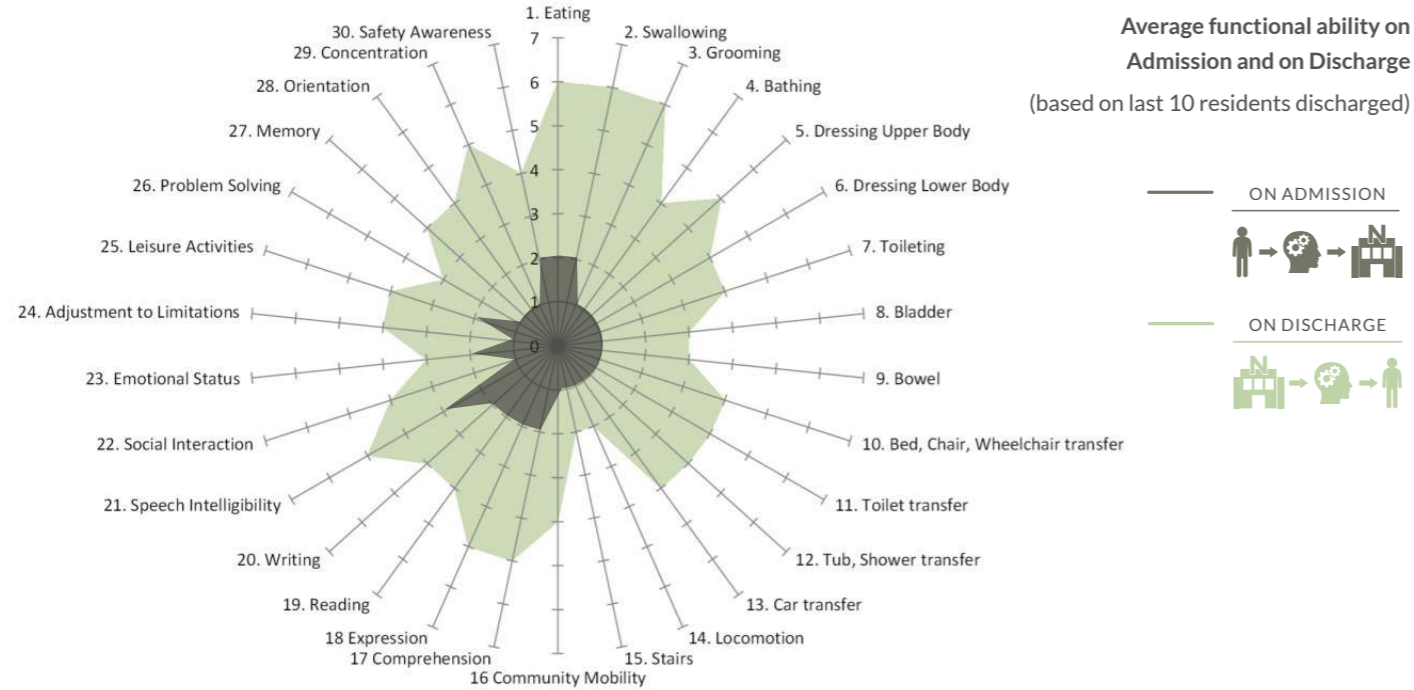
*They were supported to maintain their privacy, dignity and independence...People were supported to follow their interests, take part in social activities and develop and maintain relationships that were important to them...There was an open and transparent culture in the service where people were listened to and staff were valued"*

The Independent Neurological Provider Alliance (INPA) is a group of independent specialist health and social care providers who share the common goal of ensuring the delivery of excellent care in neurorehabilitation. Like CQC they inspect their member organisations to ensure that agreed standards and criteria are being met. Our centre in Nottingham was inspected in November 2018 and was assessed as meeting all set standards.

*"Therapy and nursing staff are skilled at treating and managing those with associated complex needs such as tracheostomy tube care, enteral feeding and assisted ventilation as well as those in low states of arousal. There is a clearly established co-ordinated pathway ensuring co-ordinated care throughout a resident's admission" (INPA, November 2018).*



## We are proud of the excellent outcomes our patients achieve



All patients who are with us for rehabilitation are assessed using various outcome measures to give us an indication of each patient's capabilities at this point in time and to provide guidance on the development of personalised care plans. We repeat these assessments at intervals during a patient's admission to monitor progress and then we do a final assessment prior to discharge.

We then take each person's score on admission and compare them with their score on discharge. Rather than comment on individual scores, we have taken a mean across the 10 patients discharged from Millwood in 2019. Some of these patients were admitted directly from our Fernwood unit, others from other providers.

The FIM/FAM scale measures how people with a brain injury improve under our care by looking at both physical and cognitive gain.

- The Functional Independence Measure (FIM) is an 18-item measure of disability with each item being scored between one and seven. This measures how able a patient is physically.
- The Functional Assessment Measure (FAM) enhances FIM with an additional 12 items also scored between one and seven looking largely at cognitive and psychosocial function.

With both elements of FIM/FAM a higher score indicates greater independence and less disability.



## Our team is highly trained in the rehabilitation and care of adults with brain injuries and other neurological conditions

Our staff team is our greatest asset and our commitment to their ongoing training is one of the reasons why we believe we score highly both for appraisals and supervision, 89% and 92% respectively. Our team are keen to extend their knowledge to enable us to continue providing the highest quality of care we can and to enable us to help patients with complicated rehabilitation and care needs.

Some examples of the ongoing training our team have undertaken include:

- Bobath training for our physiotherapists: Bobath is a problem-solving neurodevelopmental approach for the assessment and treatment of individuals with neurological conditions.
- Training in Persistent Disorders of Consciousness (PDoC): This includes training in the administration of standardised assessments, SMART (Sensory Modality Assessment and Treatment Technique) assessment, Wessex Head Injury Matrix (WHIM) and the Coma Recovery Scale (CRS-R) as defined in the Royal College of Physicians as criteria for best practice for individuals with PDoC.
- Thermoplastic splint fabrication and upper and lower

casting training: Training for our Occupational Therapists by the Royal Hospital for Neurodisability means that our residents can now be splinted or cast on site without the need to travel to hospital.

- Positive Behaviour Support (PBS) training accredited by the British Institute of Learning Disabilities (BILD) to look after those individuals with behaviours that challenge following brain injury. Across our three units we also have PBS coaches and Functional Behaviour Assessment trained staff.
- Extensive external and in-house training of nurses and health care assistants: This includes training in tracheostomy care incorporating oral suctioning and tracheostomy changes, balloon gastrostomy care and catheter, super pubic and epilepsy management. This enables us to deliver this care on site rather than off site.

Our physiotherapists are members of the Chartered Society of Physiotherapists interested in Neurology (ACPIN) and they take an active part in their rolling Continuing Professional Development (CPD) lecture programme. Furthermore our lead physiotherapist has a pilates background and runs a Tai Chi class for our residents.

*"Since my sister arrived at Nottingham Brain Injury and Neurological Care Centre we are really pleased with her progress. We see something different with my sister every day. The physios are very good and they are pleased with her progress...You do a wonderful job here, management, nurses, physios, reception, even the cleaners, brilliant. I could not thank you enough" (July 2019)*

# Case Study Lucas

**In December 2016, at the age of 17, Lucas was admitted to Nottingham's Queens Medical Centre (QMC) after complaining about a headache which caused him to vomit and then collapse at home.**

The team at QMC diagnosed a right cerebellar bleed and he was intubated. He remained in a coma until March 2017 when he started to show signs of waking up.

A month later, March 2017, Lucas was transferred to Fernwood unit, in Hucknall. On admission a SMART (Sensory Modality Assessment and Rehabilitation Technique) was undertaken and this determined that Lucas was in a vegetative state and as a result was unable to interact with his environment or communicate by any means. Lucas also had a tracheostomy in situ to aid him with breathing and also a Percutaneous Endoscopic Gastrostomy (PEG) in place for nutrition and hydration. At this time Lucas was completely dependent upon the team on Fernwood for all his care needs.

Following intensive specialist therapy, nursing and care, Lucas began to emerge from his vegetative state and to develop both physically and cognitively. In August 2017, his tracheostomy tube was removed and Lucas was transferred to the centre's adjacent unit, Millwood, for ongoing rehabilitation. Lucas continued to grow stronger, both physical and cognitively, and he became more determined than ever to rebuild his life.

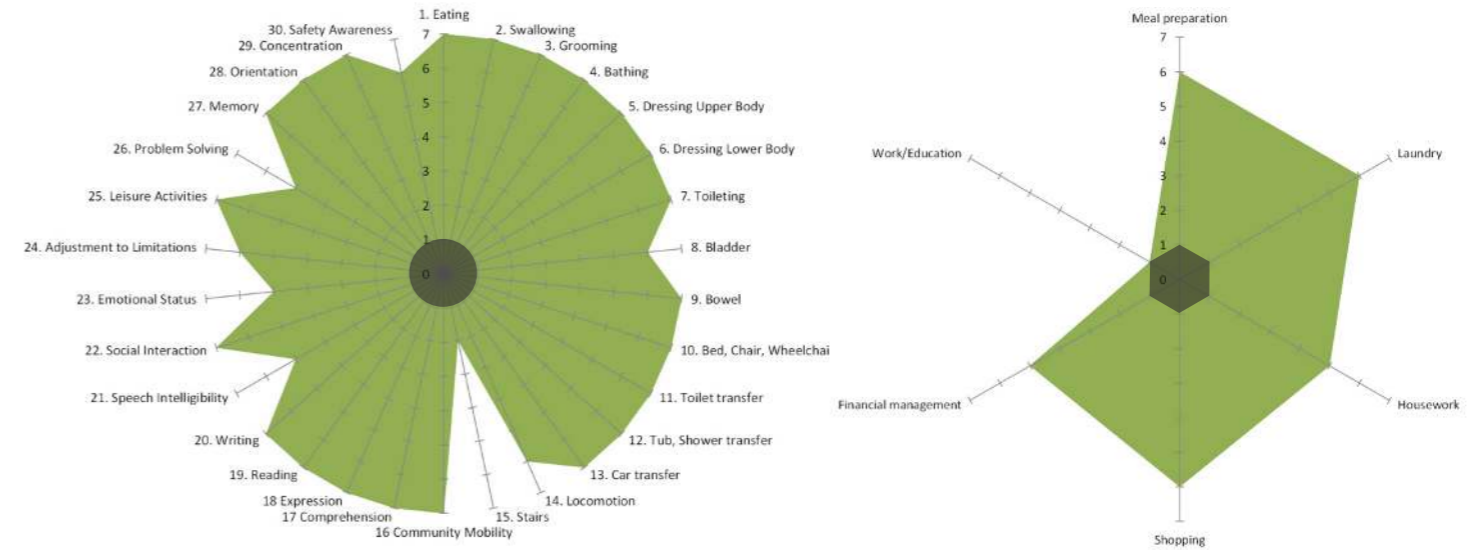
Despite the many emotional and physical obstacles along the way, in early 2018, encouraged by the occupational therapy team at the centre, Lucas joined a local wheelchair basketball club. This initially provided him with an outlet both physically and emotionally but it also proved hugely motivating. Lucas worked hard to become a valued member of the club and began to help others new to wheelchair basketball.

By late 2018 Lucas was ready to go home. He still needed some help with his daily care but he is now able to eat normally and communicate well. Lucas is now continuing to increase his physical activity to improve his mobility. He does boxing twice a week and regularly attends the gym with his personal trainer.

*"On December 24th 2016 I was in QMH hospital and literally everyone was told the machines were being switched off. But my consultant, barged in like an ex objecting to a wedding, I've been told he just phoned but I like my version better. Long story short, he gave me a tracheotomy and saw something in me to let me live. My life was saved by this man but my life was given back to me by the team at Hucknall."*

- Lucas, 2018.

## FIM/FAM



### Understanding the charts

FIM and FAM has an ordinal scoring system for all 30 items from 1-7 (7 = Complete Independence, 6 = Modified Independence, 3-5 = Modified Dependence, 1-2 = Complete Dependence).



# Case Study Harry

**Harry was homeless with a significant history of mental health issues and IV drug use. Prior to this Harry used to enjoy angling and rock climbing. In December 2017 he suffered a traumatic brain injury following an unwitnessed fall down a full flight of steps.**

He was initially treated on acute wards prior to being admitted to Millwood unit in early 2018.

The following injuries were recorded in his medical records:

- Traumatic encephalomalacia in right inferolateral temporal lobe.
- Ingested foreign body in abdomen
- Right zygomatic arch fracture, lateral wall of right maxilla fracture, anterior wall of the left maxilla fracture.
- Left superior orbital wall fracture with further pneumocephalus, nasal bone fracture.
- Fracture of the right cribriform plate with associated locules of pneumocephalus.

On admission Harry presented with extreme head and neck flexion and was unable to lift his head. This meant Harry had very little control over his saliva. Harry also had poor balance, little strength and stamina and was completely reliant on an attendant-propelled wheelchair in which he could only cover very short distances. He was also “nil by mouth” with a Percutaneous Endoscopic Gastrostomy (PEG) in place for nutrition and hydration.

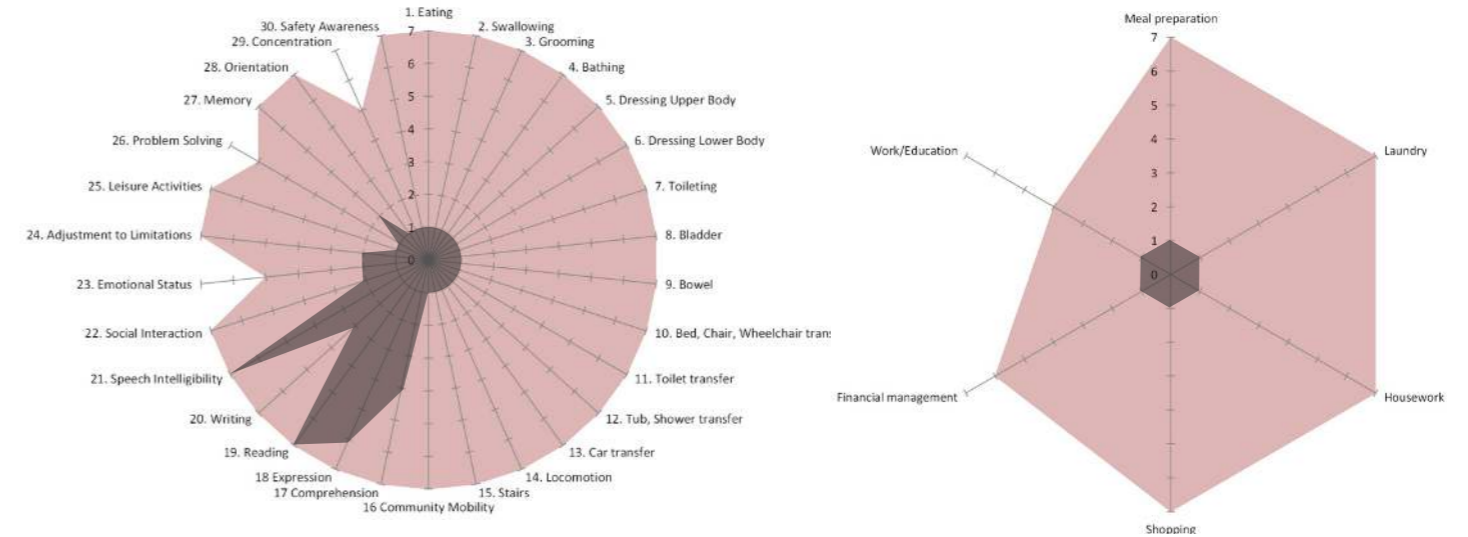
Harry had some significant cognitive and physical limitations as a result of his brain injury and was unable to complete simple everyday activities without verbal prompting and assistance.

Throughout his stay at Millwood, Harry had agreed to regular drug and alcohol testing and had remained clear. During the later stages of his time at Millwood, he expressed a desire to return to work. To support this, the occupational therapy team developed a vocational rehabilitation programme just for Harry. This included Harry sitting on interview panels for new members of staff at our Nottingham service and volunteering at the angling trust. As rock climbing had been a former hobby, the physiotherapy team built this into his goals. Initially Harry’s first goal was to set foot onto the wall at an indoor rock climbing centre with a later goal being able to climb the wall in its entirety.

Harry was able to return to his childhood home in December 2018 in time for Christmas. Despite this placement being in a different country, the occupational therapy team at Millwood successfully liaised with support services in Harry’s home town to ensure that appropriate community support was in place to support his previous IV drug use. The team were also able to support Harry by phasing his discharge to starting with several hours at home then overnight stays, building to weekend stays and longer.

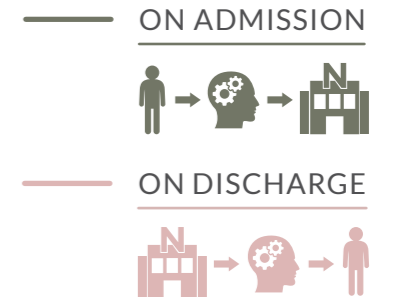
On leaving Millwood, Harry was able to eat and drink normally, move around independently and take care of himself.

## FIM/FAM



### Understanding the charts

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If you would like any further information  
on our services, please contact us:

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28.10.19

