
Stroke (England) Policy

This policy is in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires care providers to ensure safe, person-centred care that comprehensively meets people's needs, including any that arise because of experiencing a stroke.

The aim is always to provide the highest possible quality of care for those who might have a stroke while receiving care and treatment, are recovering from stroke or who have suffered disability through stroke.

This care service understands a stroke to be a type of brain injury which occurs when the blood supply to any part of the brain is interrupted and results in tissue death and subsequent loss of brain function. The care service understands the treatment of stroke to principally involve rehabilitation and the prevention of future strokes, the key goal of treatment being to prevent the spread of the stroke and to maximise the person using services' ability to function and regain their independence as far as is possible.

In acute cases of stroke, the care service understands that, with the growth in recent years of acute stroke teams and acute stroke units providing thrombolysis (the breaking down of blood clots), the prognosis for stroke victims is now vastly improved provided they can access treatment as soon as possible. Care of acute stroke cases therefore depends upon obtaining emergency medical treatment as quickly as possible once symptoms have been recognised.

Guidelines

This care service adheres to the following evidence-based best practice guidelines.

- *CG162 Stroke Rehabilitation: Long-term Rehabilitation after Stroke* (2013), National Institute for Health and Care Excellence. Clinical guideline CG162 Stroke Rehabilitation in Adults (published June 2013) This guidance has been updated and replaced by NICE guideline NG236 (2023).
- *National Clinical Guidelines for Stroke* (2023) (Sixth edition), Intercollegiate Stroke Working Party, Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians. (The 2023 edition is a partial update of the 2016 edition).
- *NG128 Stroke and Transient Ischaemic Attack in Over 16s: Diagnosis and Initial Management* (updated 2022), National Institute for Health and Care Excellence.

Care of Stroke

1. Staff will call for an ambulance immediately if any person using services appears to be suffering from any of the symptoms of a stroke, ie facial weakness, arm weakness or speech problems.
2. The care service has appropriate professional links with local specialist stroke services and has up-to-date contact numbers and details readily available.
3. Contact details for local stroke services are as follows: Dorset - dhc.dorsetstrokeandneuroservice@nhs.net and Somerset - Somerset Stroke Association. 01984-634276.
4. Staff will check to ensure that appropriate discharge planning is completed prior to the transfer from a hospital or specialist stroke unit to the care home or home of any person who has suffered a stroke. It is imperative that care home staff or appropriate community and domiciliary care services are well prepared and ready for the arrival of any person using services with a history of stroke so that individualised care of the highest possible quality can be provided to meet their needs and any continuing treatment required can be provided and supported seamlessly without delay by a specialist service in the community, day hospital or outpatient clinic.
5. On transfer of care from hospital to the community, information should be provided to all relevant health and social care professionals and the person with stroke.
6. After transfer of care from hospital, people with disabilities after stroke should be followed up within 72 hours by the specialist stroke rehabilitation team for assessment of patient-identified needs and the development of shared management plans. This should ensure that they receive the essential rehabilitation care they need from specialists, such as community physiotherapists.
7. Staff have a duty to co-operate with and work with any treatment plans provided by specialist stroke rehabilitation services for any person who has suffered a stroke, including working to support stroke rehabilitation services in maximising the independence and self-caring abilities of those recovering from stroke.
8. A full risk and multidisciplinary care assessment will be carried out on any person using services has suffered a stroke — the assessment should be performed by appropriately trained staff with input from appropriate care professionals as part of the care planning process and the details of the assessment recorded in the individual plan and regularly reviewed.
9. High-quality ongoing care will be provided by all care staff in accordance with each person's plan.
10. People using services will be referred to and seen by appropriate healthcare professionals for specialist rehabilitation advice or support to be provided where required, eg a speech and language therapist in the event of a person having difficulties with swallowing, a physiotherapist to help mobility and keep the lungs

clear, an occupational therapist to advise on necessary equipment and adaptations, etc.

11. Any specialist equipment or adaptations will be provided to the person's room or home wherever required, eg a special mattress designed to prevent pressure sores, special equipment such as a hoist or wheelchair to ensure they are moved safely, communication aids and eating aids, etc.
12. All staff are appropriately trained and supervised in the care of stroke.
13. Staff training on the care of stroke is the responsibility of: Shelly Dury, Operations Manager.
14. Staff have all necessary equipment and training in moving and handling, in order to position and transfer people safely.
15. The dignity of people using services recovering from stroke will be maintained at all times.

Support Provided by Care Staff

Staff will be trained to be aware of the impact that having a stroke can have on the psychosocial, physical and cognitive functions of a person. The care service will expect care staff to:

- a. recognise and accept that feelings of depression, anger, frustration and bewilderment are all common, especially in the early stages of recovery
- b. always try to be understanding, positive and patient when talking to someone recovering from stroke
- c. motivate and support the person to be as active and socially involved as they wish to be
- d. recognise that some stroke survivors may have aphasia, an impairment of language ability, which can cause disruption to language and speech, or dysphagia, which includes problems with swallowing
- e. support and collaborate with speech therapy treatment regimes wherever appropriate
- f. speak clearly to ensure they are understood and be patient when the person is replying
- g. support physiotherapy treatment plans and help the person using services to complete their exercises, helping the person suffering from a stroke to be as active as possible as soon as they can after their stroke
- h. where necessary help with feeding, drinking, bathing, washing and dressing with respect, sensitivity, tact and discretion in such a way that the person's independence is supported and their dignity upheld.

Stroke Prevention

In this care service the prevention of stroke will be given a high priority. The care service understands that the key elements in stroke prevention are:

- a. healthy diet
- b. regular exercise
- c. avoiding smoking or excessive alcohol consumption.

In this care service, therefore, the following applies.

1. People using services will be assisted to gain access to health promotion information and services relating to stroke prevention.
2. In services offering food, all food served will be of high quality and menus will be designed to give as many healthy food choices as possible while offering people a choice of foods that they like.
3. Healthy eating information will be made available to all people using services.
4. Access to a dietician will be encouraged wherever needed.
5. Specialist diets or low-fat, high-fibre diets which include plenty of fresh fruit and vegetables will be available for people who require such a diet.
6. Staff will support people using services in accessing opportunities for regular exercise.
7. Smoking is banned in the care home except for a designated smoking area for people who use services.
8. People who use services who smoke are given access to a range of smoking cessation support and public health information and guidance if they require it.
9. People are given access to a range of public health information and guidance relating to excessive alcohol consumption and will be actively supported to reduce their consumption levels if they wish.

FAST

With the growth in recent years of acute stroke teams and acute stroke units providing thrombolysis and (the breaking down of blood clots), and mechanical thrombectomy (removal of a blood clot, or thrombus, from a blood vessel by surgery), the prognosis for stroke victims is now vastly improved provided they can access treatment as soon as possible. The FAST campaign by the Department of Health aims to educate people on the signs of stroke and encourages them to spot the signs and to call 999 immediately — and not to delay by calling NHS Direct or their GP.

FAST stands for the following.

- Facial weakness.
- Arm weakness.
- Speech problems.
- Time to call 999.

Any staff seeing any of these signs is encouraged to treat it as an emergency and to call an ambulance immediately.

Training

The appropriate care of stroke sufferers requires specialist skills and all care home staff who provide care for people using services suffering stroke will be appropriately trained and supervised according to the demands of their role. This will include:

- specialised training courses in the care of stroke sufferers
- joint training with local specialist stroke rehabilitation staff.

In addition to the treatment and care of those who have suffered a stroke in the past, care staff will also be trained to recognise the signs and symptoms of somebody in the acute phase of having a stroke.

Signed: _____

Date: _____

Policy review date: _____
