The Care Quality Commission looks at how well health and social care services in England look after people.

We did a report titled Supporting Life after Stroke in 2011. We looked at information and visited hospitals, care homes and other services to see how they help people after they have had a stroke.

What did we look at?

- We looked at how stroke services help people after they leave hospital
- We asked people who have had a stroke and carers what they thought about the information given to people when they leave hospital
- We looked at how well services support carers and family members
- We got information from local health services and councils
- We also used information already collected by government.
What did we find?

The biggest improvements for people who have had a stroke have been in what happens in hospital.

Services to help people after they have returned home are good in some areas but not in others.

The best services…

- **listen** to people who have had a stroke, their families and carers
- **understand** people’s needs
- **help** them make choices
- **adapt** to people’s different needs – such as those of younger people who have had a stroke or people in care homes
- **are well organised** – so things happen smoothly and people don’t experience gaps between services.

But many services have significant room for improvement.

Providing the right care and support

Most areas provide community based rehabilitation for people who have had a stroke. These services include

- **physiotherapy**
- **speech and language therapy**
- **occupational therapy**.

Most people get some help to prevent them having another stroke, such as regular health checks.
But it can be difficult to get specialist services. Less than half of hospitals provide “Early Supported Discharge”. This type of specialist rehabilitation at home rather than in hospital achieves better results for many people.

Rehabilitation which focuses on getting back to work is only available in around a third of areas.

People who have had a stroke and carers told us that they thought longer-term support for managing life after stroke could be improved.

Most, but not all areas, have stroke support groups. But fewer areas have specific groups for younger people who have had a stroke or for people with aphasia (a communication problem often caused by stroke).

Around three-quarters of social services could direct people to community-based services to help them with their physical disabilities, but less than half could do the same for people with communication problems.

We also found that some services are not good at adapting well to meet people’s needs. For example, some staff working with people who have had a stroke are not trained to communicate with people with aphasia.

Some people from particular ethnic and cultural groups told us that staff did not understand their needs well.

In a third of areas not all carers can access peer support, such as carer support groups or befriending schemes.
Involving and informing people who have had a stroke and carers

Most people are given a pack of information about stroke when they leave hospital.

These usually include information about what a stroke is and how people can cut their chance of having another stroke.

But less than half of these packs include good information about local services.

Some of these packs are poorly designed or organised. This can be a particular problem for people with aphasia. Less than a half of services involve people with aphasia in the design of this information.

People in two-thirds of areas are given a named contact to help them organise their care after they leave hospital. But only a half of areas provide a contact who can deal with a wide range of services (including health services, social services, user groups and other community services).

Most areas also provide a telephone helpline for people who have had a stroke. But only a quarter of the areas operate these helplines at weekends or in the evening.

Services in many areas could be doing far more to involve people in decisions about their care. Around a third of people do not have a care plan which includes goals they have agreed.
Working together to deliver care

All areas have systems in place which try to make sure that things go smoothly when people leave hospital. But these work better in some places than others.

In some areas **everyone** gets called at home within a few days of leaving hospital to **check** that the services they need are **working**. In some areas people wait **two weeks or more** for rehabilitation to start or for equipment to be delivered.

People’s needs continue to change after they leave hospital. Services need to review people’s needs **regularly** so they can adapt to these changes. Most areas aim to review people’s needs in the **first six weeks** after they go home.

But only a **quarter of areas** continue to **review** needs in the long term. (People’s needs should also be reviewed after **six months**, and then **annually** after that.)

We also found that **health and social services** do not always **work well together** –

- **only a third of areas** carry out ‘joined-up’ **reviews** – looking at people’s health and social needs at the same time
- **a quarter of social services** departments have **not been very involved** in the **local stroke networks** (where services get together to plan for the future).
We expect to see everyone involved in stroke services look at these reports and work out what they need to improve.

This work should involve people who have had a stroke and carers, who are in the best position to tell services what matters most to them.

To find out more see our website, where there is a full version of our national stroke report – www.cqc.org.uk/stroke

Thanks to Connect – the communication disability network – for helping us make this summary accessible