



## Supporting Life after Stroke

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 how 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.

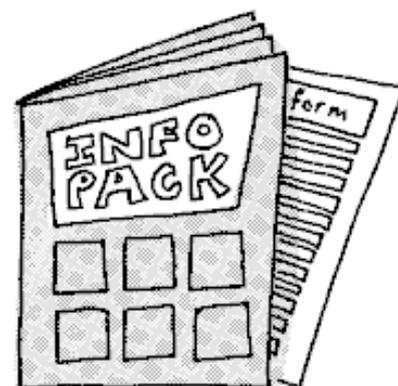
In a third of areas **not all carers can access peer support**, such as **carer support groups** or **befriending schemes**.

## 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](http://www.cqc.org.uk/stroke)



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