healthwatch Leeds

Enter and View Visit to:

Enter and View Visit to RecoveryHub@NorthWest Leeds

19th February 2019

Your independent watchdog ensuring people's voice are at the heart of shaping health and care services in Leeds

Contents

Summary

Healthwatch Leeds carried out an Enter and View visit to RecoveryHub@NorthwestLeeds on the 19th February.

The hub is a service for older people who have left hospital who need extra care and support before returning home.

We were approached by Leeds City Council, as the Hub is a new type of service provided by the council, and they wanted us as an independent organisation to get the customers perspective of daily life at the Hub.

The aim of the visit was

1. To find out about customers' experience in the recovery hub in relation to
    - Daily Life
    - Quality of Care and help
    - Activities
    - Involvement of customers and carers

2. To identify examples of good practice

3. Highlight any issues or concerns from costumers and relatives and any ideas for improvements

We collected 18 responses for this hub. 17 customers and one relative gave their feedback.

During the visit, we also made observations about the environment and asked how the *Accessible Information Standard has been implemented at the hub.

* Please see Appendix 3 for more information about the Accessible Information Standard.

Key Findings

Overall (Best things about the hub and areas for improvement)

1. Most customers commented that the staff and environment were the best thing about the hub and the relative said it was down to the standard of care.

2. Some respondents told us that increasing staffing levels and improving call bell responding times would enhance their experience in the hub.

Quality of Care

3. The majority of respondents (15 of 18) felt that they or their relatives were well cared for at the hub. However, three respondents said this was only sometimes the case.

4. The majority of respondents (17 of 18) said that staff treat them with respect and maintain their dignity. One person disagreed due to an incident they experienced.

Activities

5. No respondents mentioned that there were organised activities at the hub. Some customers said this might have been due to their limited mobility.

Involvement of customers and relatives

6. Most respondents (13 of 18) said that they were told how the recovery hub would help them upon arrival. Four people did not feel this was the case and one respondent was not sure.

7. Most respondents (13 of 18) told us that they felt they have a chance to review their or their relatives' recovery progress with staff members. However, four respondents told us this was not the case. One respondent did not answer this question.

8. Fewer than half of the respondents (8 of 18) told us that they had discussed discharge with staff. Those 8 customers were satisfied with the care in place and felt confident about going home.

Environment

9. The environment of the recovery hub was spacious and clean. The hub promotes dementia friendly practices. There is a SMART technology room available for customers and relatives promoting products that may be useful to customers after they leave the

recovery hub. However, it would be helpful to relatives and visitors if information about the staff team is clearly displayed.

Accessible Information Standard

10. The manager told us that the customers communication needs were well documented. However, we were unsure how these needs are flagged up on customers' records.

Key recommendations

Based on our observations and the respondents' feedback, the majority of customers receive good care. However, consideration of the following recommendations may enhance the customers experience:

- We acknowledge that the hub has 54 staff, however customers have expressed concerns about staffing levels. Consider reviewing staffing levels/availability/rota and call bell response time in particular during the night.

- Consider reviewing the content of the activities programme with customer/relative's input and with emphasis on those less physically able.

- Ensure information about the hub and how it may help with recovery communicated to each customer and their relative.

- Ensure customers and their relatives have regular updates from staff about their recovery progress.

- Consider introducing a staff picture board at the reception area of the hub.

- Review how communication needs of customers are flagged in their care records to ensure that all professionals and staff are made immediately aware of a customer's particular needs.

Background

RecoveryHub@NorthwestLeeds is a two floor building converted from a care home and situated in the Yeadon area of Leeds.

The hub is a service for older people who have left hospital who need extra care and support before returning home.

It has recently undergone an extensive refurbishment.

It has 32 Community Beds and four existing residential rooms. At the time of the visit, the hub was at full capacity.

There were 54 staff employed by Leeds City Council. In addition to the Leeds City Council staff, there were 26 staff from Leeds Community Health Care working across three recovery hubs in the city.

Why we did it

As part of Healthwatch's role, we have a statutory right to Enter and View publicly funded NHS and adult social care services, in order to get the views of customers, patients, and their relatives, about the services.

We were approached by Leeds City Council, as the Hub is a new type of service provided by the council, and they wanted us as an independent organisation to get the customers' perspective of daily life at the Hub.

For more information about Enter and View visits, please refer to

Appendix 1 What is Enter and View?

What we did

This was an announced Enter and View visit.

Four Healthwatch Leeds Enter and View representatives, accompanied by one member of staff, visited RecoveryHub@NorthwestLeeds between 2pm – 4:30pm on the 19th February 2019.

The purpose of the visit was to observe and speak to people about their experience of the recovery hub by focusing on the following areas:

- Daily Life
- Quality of Care
- Activities
- Involvement of customers and carers

During the visit, the team spoke with 17 customers and one relative.

In total, we collected 18 responses about the hub.

During the visit, we also took time to observe the environment of the hub and how the *Accessible Information Standard has been implemented.

Please refer to Appendix 2 Methodology for more information about our approach.

*For more information about the Accessible Information Standard, please refer to Appendix 3.

The Enter and View Questionnaire and Observation sheet that we used for this visit can be found in Appendices 4 and 5 respectively.

What we found

Overall experience of the recovery hub

Customers and relatives were asked about the best thing about the recovery hub and what could make their experience at the hub better.

1. Most customers commented that the staff and environment were the best thing about the hub and the relative said it was down to the standard of care.

Five customers felt the staff were the best thing about the hub. They said that the staff are “good”, “helpful” and “pleasant”; Six customers like the environment, they said that the place is “big” and “very clean” and the rooms are “nice and warm”. Two people including one relative said the “standard of care is good”.

“Ideal place for people to go in between hospital and home” (relative)

“Enjoyed the time here so far. Good staff and nurses. Always gives options. I think the staff are wonderful.” (customer)

“This is a far better place than the hospital I was at previously.” (customer)

2. Some respondents told us that increasing staffing levels and improving call bell responding times would enhance their experience in the hub.

   Four respondents would like to see staffing levels increased. Three people talked about call bell slow response time. One person mentioned that having flexibility in their bed time routine would enhance their experience.

   “No real activities just watch tv and I’m really interested in sports. The shift system may not allow for a proper sleep in or for watching sports later at night. Would like to wake at different times depending on the day but don’t think it’s possible.” (customer)

   “They need more staff to help with care” (customer)

   “Very long time waiting due to lack of staff. Even when I press the buzzer, I need to wait very long time.” (customer)

   “The place is short staffed and customers get a bath after 3 days. Residents can have a shower if they want to.” (customer)

   Respondents also told us about the food and menu offered at the hub:

   “The food is varied and is very nice. There is a menu and you are able to choose what you want from it.” (customer)

   “Food is catered for people’s needs.” (relative)

Quality of Care

Customers and their relatives/friends were asked whether they felt the care met their identified needs; whether staff treated them with respect and whether their dignity was maintained. We also observed whether customers looked well cared for during our visit.

3. The majority of respondents (15 of 18) felt that they or their relatives were well cared for at the hub. However, three respondents said this was only sometimes the case.

A couple of customers told us about having to wait around due to staff availability at night time. One customer said they need to wait a long time to get some help. Another customer said the food was not what they needed most of the time.

"Night time is worst because there is not enough staff. If you want to go to bed, you need to wait." (customer)

"We just need to wait too long for any help needed." (customer)

4. The majority of respondents (17 of 18) said that staff treat them with respect and maintain their dignity. One person disagreed due to an incident they experienced.

Whilst the majority said they were respected and their dignity was maintained, one person said:

"It depended on the people. The physio won't listen to what people feel……" (customer)

Due to incident which will result in the person being identified, the full comment from the customer was not included.

Activities

Customers and their relatives/friends were asked whether they were happy with the amount and variety of activities on offer at the hub and whether the activities took place as planned.

5. No respondents mentioned that there were organised activities at the hub. Some customers said this might be due to their limited mobility.

Four respondents mentioned that their limited mobility may play a factor whilst a relative suggested music-related activities would be welcome. Two people said that they stayed in the room all the time and that can get very boring.

We noticed that there was an activity programme being displayed around the hub.

"I lost my balance so I don't want to do any activities." (customer)

"There isn't capacity to organise activities. Music would be good; I would suggest someone here to play piano." (relative)

Involvement

Customers and their relatives/friends were asked whether they felt involved in their care when they first arrived at the recovery hub, during their stay and plans for what will happen after they leave.

6. Most respondents (13 of 18) said that they were told how the hub would help them upon arrival. Four people did not feel this was the case and one respondent was not sure.

   "It would be helpful if they could tell me" (customer)

7. Most respondents (13 of 18) said that they had a chance to review their or their relatives' recovery progress with staff members but the frequency of these discussions were variable.

   Some people said that they had "regular" discussion and actively speak with staff.

   "I've had good discussions with the nurses and other carers." (customer)

   "May be a case of chance if you catch staff in the hallway." (relative)

Four respondents told us they did not review their progress. However, two of these people were recently admitted to the hub and have not had the opportunity to review their care plan.

8. Fewer than half of the respondents (8 of 18) told us they had discussed discharge with staff. Those 8 customers were satisfied with the care in place and felt confident about going back home.

   A number of customers had not yet reached the stage of discussing the leaving arrangements.

   Those who are ready to go home told us about the support they would receive once at home including family members and carers.

   "I have carers at home 4 times a day." (customer)

   Two customers told us that while they were discussing their discharge with staff from the recovery hub, they were still waiting for carers to be in place at home before they can leave.

   "I was told of care packages but it was a matter of waiting for carers." (customer)

   One customer has been in the hub for three weeks and has not yet discussed going home with staff

Environment

We looked at the environment of the recovery hub which included observing whether information was accessible and available to customers.

9. The environment of the recovery hub was spacious and clean. The hub promotes dementia friendly practices. There is a SMART Technology Room available for customers and relatives promoting products that may be useful to customers after they leave the recovery hub. However, it would be helpful to relatives and visitors if information about the staff team is clearly displayed.

RecoveryHub@NorthwestLeeds is spacious and clean with wide uncluttered corridors. There are two floors in the hub. The main first floor lounge was clean and uncluttered.

We observed that most customer rooms were large with big windows which gave a nice view of the outside and allowed natural light in. Doors had names on them and customers with dementia were noted.

Lounge areas were similarly large, quiet, clean and with natural lighting. A customer told us that “it is a bit draughty in lounge”.

There was a SMART Technology Room on the second floor. We were told by staff that the room is used to teach customers and their relatives about technology (such as Skype), online shopping for products and other aspects of technology. We observed that there were a number of products in the SMART room that customers and their relatives could get a demonstration for when they leave the recovery hub. The room also had information about community health workers and doctors in different areas around Leeds. During our visit, the SMART Room was not being used by customers or their relatives but a couple of staff members were inside.

There was a courtyard area that customers and their relatives were able to access.

We saw a menu in the dining room and a staff member can read the menu to customers if necessary.

An activity rota was displayed on the board and in the lift but no one we spoke to acknowledged those activities.

We were told that a laundry service is also available.

We did not see any information displayed about the staff team.

Accessible Information Standard

10. The manager told us that the customers communication needs were well documented. However, we were unsure how these needs were flagged up on customers' records.

    The manager told us that the information about customers sight and hearing issues were written in their referral form. This information was then transferred to the recovery plan in several places such as the Needs and Risk Identification; Health and Wellbeing goal and Personal Centred goal sessions.

    Customer's communication needs were also documented on a handover sheet and the discharge plan.

    However, we were unsure how communication needs were flagged up on these records. This is to ensure that all new or agency staff and professionals from external organisations are prompted to look at the specific needs of an individual and how they should be supported.

Recommendations

We were pleased to see that the majority of customers were satisfied with the care they received at the RecoveryHub@NorthwestLeeds. Based on the some of the issues raised by the respondents, we would like the hub to consider the following recommendations to enhance customers' experience further. Our recommendations are highlighted in orange.

Key Findings	Recommendation
Overall	
1. Most customers commented that staff and environment were the best thing about the hub and the relative said it was down to the standard of care.	*Keep up with the good work, but also consider some of the recommendations here for further improvement.*
2. Respondents told us that increasing staffing levels and	*We acknowledge that the hub has 54 staff, however*

improving call bell response time would enhance their experience in the hub.	*customers have expressed concerns about staffing levels. Consider reviewing staffing levels/availability/rota and call bell response time in particular during the night.*
Quality of care	
3. The majority of respondents (15 of 18) felt that they or their relatives were well cared for at the hub. However, three respondents said this was only sometimes the case.	
4. The majority of respondents (17 of 18) said that staff treat them with respect and maintain their dignity at all time. One person disagreed due to an incident they experienced.	
Activity	
5. No respondents mentioned that there were organised activities at the hub. Some customers said this might have been due to their limited mobility.	*Consider reviewing the content of the activities programme with customer/relative's input and emphasis on those less physically able.*
Involvement	
6. Most respondents (13 of 18) said that they were told how the hub would help them upon arrival. Four people did not feel this was the case and one respondent was not sure.	*Ensure information about the hub and how it may help with recovery communicated to each customer and their relative.*

7. Most respondents (13 of 18) told us that they felt they have a chance to review their or their relatives' recovery progress with staff members. However, four respondents told us this was not the case. One respondent did not answer this question.	*Ensure customers and their relatives have regular updates from staff about their recovery progress.*
8. Fewer than half of the respondents (8 of 18) told us they had discussed discharge with staff. Those 8 customers were satisfied with the care in place and felt confident about going home	
Environment	
9. The environment of the recovery hub was spacious and clean. The hub promotes dementia friendly practices. There is a SMART Technology Room available for customers and relatives promoting products that may be useful to customers after they leave the recovery hub. However, it would be helpful to relatives and visitors if information about the staff team is clearly displayed.	*The SMART Technology room is good for relatives and customers and should be promoted for further use.* *Consider introducing a staff picture board at the reception area of the hub.*
Accessible information standard	
10. The manager told us that the customers communication needs were well documented. However we were unsure how these needs were flagged up on customers' records.	*Review how communication needs of customers are flagged in their care records to ensure that all professionals and staff are made immediately aware of a customer's particular needs.*

Next Steps

The report will be shared with RecoveryHub@NorthwestLeeds, Leeds City Council and the Care Quality Commission.

We will agree with the manager about the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented.

We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

This report has been written by Tatum Yip (Community Project Worker) at Healthwatch Leeds, in collaboration with Volunteer Enter and view representative Betty Smithson, Armida Gunzon, Francis Poitier and Denise Wall.

We would like to thank the staff at RecoveryHub@NorthwestLeeds who made us feel welcome. We would also like to thank the customers and relatives for taking the time to speak with us on the day of our visit.

Appendix 1 What is Enter and View?

Part of the Healthwatch Leeds work programme is to carry out Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View representatives observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

None were raised in connection with this visit.

Appendix 2 Full methodology

This was an announced Enter and View visit. The visit was undertaken by a team of five authorised enter and view representatives, including one Healthwatch staff members and four volunteers and lasted approximately 2.5 hours.

Before the visit, the hub was sent a visit plan sheet outlining the purpose of the visit, who would be attending and requesting further information. A poster giving details of the visit and Healthwatch contact information was also sent for the hub to display prior to the visit.

30 copies of the questionnaires and prepaid enveloped were prepared and taken to the hub. We asked these to be sent out to all relatives before the visit. This gave the relatives an opportunity to feedback in their own time if they were not present at the time of our visit.

The visit was informal and involved a combination of observation and talking to customers, carers and relatives to gather their views and experience of their care, activities on offer and involvement. Observation involved the authorised representatives walking around the hub, observing the surroundings to gain an understanding of how the hub works and get a feel of the general environment. The information was recorded on an observation sheet.

The Enter and View team also spoke with the manager of the hub. He provided detailed information about the hub, the activities, menus and a template of the care plan. He also answered any queries that were raised.

A feedback box and several copies of questionnaires were left at the entrance of the hub with a letter stating the deadline for completion. Information about Healthwatch Leeds was also given out to residents, carers and relatives.

Appendix 3 Accessible Information Standard

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

It is now the law for the NHS and adult social care services to comply with AIS.

As part of the AIS, organisations the provide NHS or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.

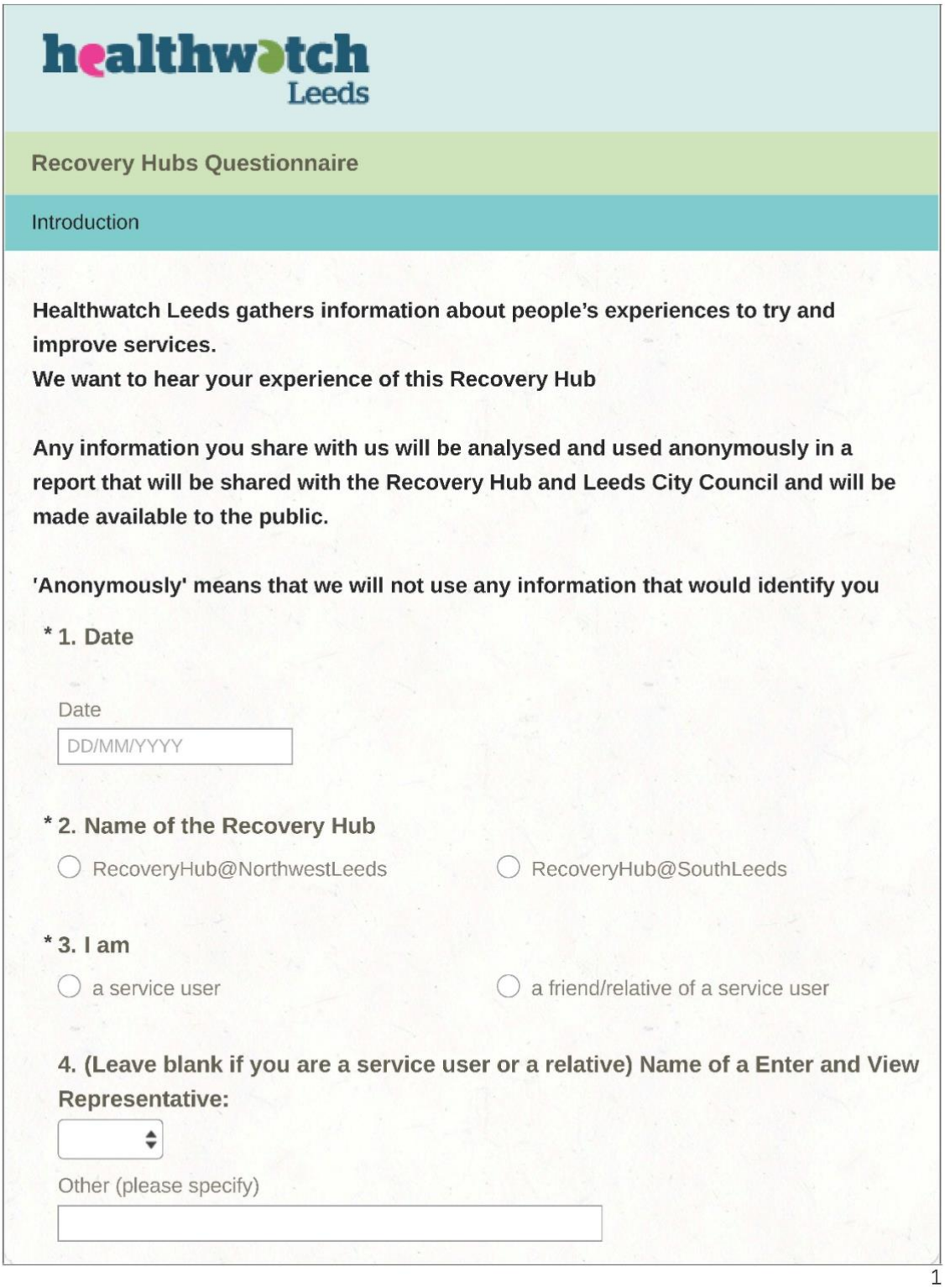
2. Record those needs in a set way.

3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explained how those needs should be met.

4. Share information about a person's needs with other NHS and adult social care provides, when they have consent or permission to do so.

5. Make sure that people get information in an accessible way and communication support if they need it.

Appendix 4 Enter and View Questionnaire



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Recovery Hubs Questionnaire

Introduction

Healthwatch Leeds gathers information about people's experiences to try and improve services.
We want to hear your experience of this Recovery Hub

Any information you share with us will be analysed and used anonymously in a report that will be shared with the Recovery Hub and Leeds City Council and will be made available to the public.

'Anonymously' means that we will not use any information that would identify you

*** 1. Date**

Date

DD/MM/YYYY

*** 2. Name of the Recovery Hub**

○ RecoveryHub@NorthwestLeeds ○ RecoveryHub@SouthLeeds

*** 3. I am**

○ a service user ○ a friend/relative of a service user

4. (Leave blank if you are a service user or a relative) Name of a Enter and View Representative:

Other (please specify)

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Recovery Hubs Questionnaire

*** 5. Do you feel that you or your relative/friend is well cared for in the hub?**

- ○ Yes
- ○ Sometimes
- ○ No
- ○ I don't know

If you said no or sometimes, please explain why.

*** 6. Do staff treat you or your relative/friend with respect?**

- ○ Yes
- ○ Sometimes
- ○ No
- ○ I don't know

If you said no or sometimes, please explain why.

*** 7. Is your (or your relative/friend's) dignity always maintained at the hub?**

- ◯ Yes
- ◯ Sometimes
- ◯ No
- ◯ I don't know

If you said no or sometimes, please explain why.

*** 8. Do you (or your friend/relative) get the chance to do activities in the hub?**

- ◯ Yes
- ◯ I'm not sure
- ◯ No

What activities would you like to see available?

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Recovery Hubs Questionnaire

Involvement

*** 9. When you or your relative first came, did someone tell you how the recovery hub would help?**

- ○ Yes
- ○ I don't know
- ○ No

If you said yes, what did they tell you?

10. Do you get the chance to review your progress with a member of staff?

- ○ Yes
- ○ No

If yes, how often do you do this?

5

11. Has a member of staff talked to you about what will happen after you leave the hub? For example, have they given you information about local groups which might be able to help you?

- ◯ Yes
- ◯ No
- ◯ I'm not sure
- ◯ n/a

If yes, what did they tell you?

12. Do you feel confident about going back home?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ n/a

If no or you're not sure, please tell us what your worries are.

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13. What has been the best thing about staying in the recovery hub?

14. What one thing would make your time in the recovery hub better?

15. If there is anything else you would like to add, please tell us.

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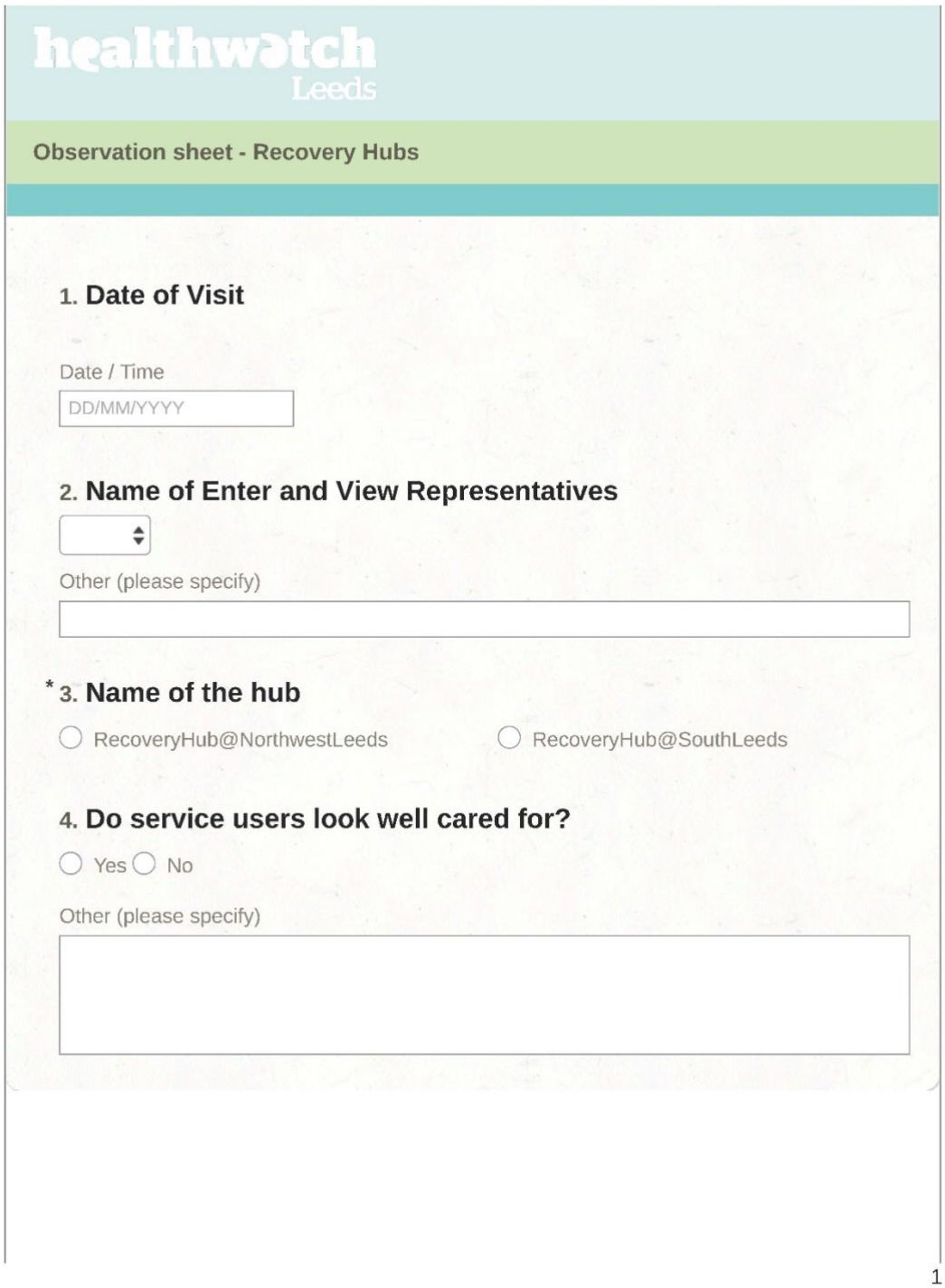
Appendix 5 Enter and View Observation Sheet



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Observation sheet - Recovery Hubs

1. Date of Visit

Date / Time

DD/MM/YYYY

2. Name of Enter and View Representatives

Other (please specify)

*** 3. Name of the hub**

RecoveryHub@NorthwestLeeds

RecoveryHub@SouthLeeds

4. Do service users look well cared for?

Yes No

Other (please specify)

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Observation-Wykebeck Court Care Home

4. **SEE**

(What does it look like? i.e. clean, tidy, cluttered, busy, quiet etc.)

5. **HEAR**

(How does it sound? i.e. quiet, noisy, chaotic, loud etc.)

6. **SMELL**

(What does it smell like? clean, stale, or any specific smells)

7. **Are information clearly displayed and easy read? For example, signage, activity rota, menu, newsletter and staff information etc**

○ yes ○ no ○ mixed

Please give details

2

8. Has the home followed the Accessible Information Standard?

- [ ] We ask if an individual has a communication or information support need relating to a disability or sensory loss
- [ ] We record those needs clearly either through electronic or paper based record systems
- [ ] We ensure that recorded needs are 'highly visible' whenever the individuals record is accessed
- [ ] Include communication support needs as part of existing data sharing practices(with an individuals' agreement)
- [ ] Make sure people receive information which they can access and understand, and receive communication support if they need it

By law, health and care providers need to identify, record, flag, share and action on residents/patients' communication support needs. Record details here where appropriate

9. Comments from the observer what works well and what can be improved?

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