healthwatch Leeds

Enter and View Visit to:

Enter and View Visit to RecoveryHub@SouthLeeds

27th 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@SouthLeeds on the afternoon of 27th February 2019. The Hub is a service for older people who have left hospital and who need extra care and support before returning home.

The visit was part of our programme of Enter and View visits to new care facilities in Leeds.

The aim of the visit was:

1. To find out about service users' experience of the hub in relation to:
    - Daily Life
    - Quality of Care
    - Activities
    - Involvement of service users and carers

2. To identify examples of good practice

3. To highlight any issues or concerns from service users and relatives and any ideas for improvements

We collected 14 responses through a combination of face to face and postal surveys. 7 service users and 5 relatives gave their feedback, and in 2 cases a service user and relative answered jointly.

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

Quality of Care

1. All respondents felt that they or their relatives were well cared for and treated with dignity and respect at RecoveryHub@SouthLeeds. There is wide agreement that staff have created a very pleasant, friendly atmosphere.

Activities

2. The majority of service users were aware of activities they could get involved in.

Involvement of service users and relatives

3. Most respondents (11 of 14) have a clear idea of how the Hub would help them recover and get ready for home.
4. 13 out of 14 respondents have had a chance to review their or their relatives' progress with staff members, although there seems to be considerable variety in how and how often this happens.
5. Just under half of the respondents (6 of 14) told us that staff discussed with them what will happen after they or their relatives leave the Hub.
6. 12 of the 14 respondents told us that they were confident about the return to home.

Environment

7. The Recovery Hub was clean, uncluttered and decorated in an attractive style. It has space for leisure activities and displays and other signage are clear.

Key recommendations / messages

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

- Build greater flexibility into the activity programme
- Consider ways of giving service users and relatives total visibility as to when reviews will take place
- Consider how service users can be further reassured about their return home

Please refer to Page 12 for full recommendations.

Background

The RecoveryHub@SouthLeeds is a purpose-built facility situated in the Beeston area of Leeds with space to accommodate 40 service users. It was at capacity at the time of our visit. The Hub is a service for older people who have left hospital and who need extra care and support before returning home.

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 service users, 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 LCC and they wanted us, as an independent organisation, to get service users' perspective on 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 visited the RecoveryHub@SouthLeeds between 2.30pm and 4:30pm on 27th February 2019.

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

- Daily Life
- Quality of Care
- Activities
- Involvement of service users and carers

During the visit, we also took time to observe the Hub's environment 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

Quality of Care

Service users 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 service users looked well cared for during our visit.

1. Respondents agreed unanimously that they felt well cared for by the Hub, that they were treated respectfully and that their dignity was maintained at all times by staff. Nearly everyone we spoke to volunteered praise about staff.

"I cannot fault that" (service user)

"I cannot fault them, they are kindness itself" (service user)

2. A number of respondents compared the Hub positively to hospital, in particular for its "homely" feel and the opportunities it offers for socialising.

"It's more homely than hospital" (relative)

"There was more staff and better care at the hospital, but a better social aspect here" (relative)

3. There was some praise for the food and the portion sizes, and one respondent was pleased with how the Hub had catered to their relative's particular requirements.
   "You get plenty to eat, snacks whenever you like, and staff are lovely" (service user)

   "Good food, plenty of it" (relative)

Activities

Service users 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.

4. 10 of the 14 respondents told us that they got the chance to do activities at the Hub. 2 were unsure about whether activities had been offered to them, while a further 2 had not been told about any opportunities.

   A number of service users mentioned how their limited mobility restricted their ability to take part in activities. During our visit, we witnessed a small number of people taking part in an ad-hoc craft activity in the dining area; we also noted others reading the free newspapers provided to them by the Hub. We were shown a large portfolio documenting activities that have taken place at the Hub.

"We have difficulty finding things to do that suit him. Getting about is a problem" (relative)

"I don't want to get involved, I cannot get around much so don't get involved. In the early days I made some effort. They still let me know, but I'm not bothered" (service user)

"There is plenty going on but I have to sit, I'm getting better with the zimmer" (service user)

Involvement

Service users 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.

5. Most respondents (11 of 14) could confirm that, when they or their relative first arrived, they were told how the Recovery Hub would help, although very few people were able to give us concrete examples of the kind of therapy they were receiving. The remaining 3 were unsure about whether they had had that conversation.

   "The family all explained and discussed" (relative)

   "We discussed going home… See how you go." (service user)

   "Help with walking" (service user)

   "There is loads of talking" (service user and relative)

6. All but 1 respondent told us that they felt they have a chance to review their or their relatives' progress with staff members. However, there was a huge variety in the answers people gave to this question, ranging from "daily" to "weekly".

"On a daily basis. Staff are always very helpful if I have any updates or concerns about his health and well-being." (service user)

"Verbally, daily" (service user)

"I do get encouragement from staff but I have to ask for everything" (service user)

"Reviewed when they arrived two weeks ago. No reviews since but expecting this weekly. We rely on family for translation but we are also aware that family translation is not recommended or ideal." (relative)

7. Just under half of the respondents (6 of 14) told us that staff discussed with them what will happen after they or their relatives leave the Hub. 1 respondent told us this was not the case and 5 people were unsure. (The remaining respondent answered "N/A".) We have been assured by the Hub's manager that "home planning conversations are routinely carried out by the therapy team and are recorded without exception".

"I was told about help groups" (relative)
"Possibly social care support" (relative)

"Having more in writing would be very helpful" (service user)

"She has been given leaflets but isn't interested in social groups. These are not appropriate for older Asian ladies." (relative)

8. 12 of the respondents told us that they or their relative were confident about going back home; 1 was not sure; and the 14th respondent was not feeling confident.
   The two main themes which came out of respondents' answers were worry about adaptations being done to their home, and a reliance on family support networks.

"My son does everything for me" (service user)

"I'm confident but... I have a brilliant family. Want to get home but the house is not well suited" (service user)

"A bit nervous. Having two sons living locally helps" (service user)

Environment
We looked at the environment of the Recovery Hub. This included observing whether information was accessible and available to service users.

9. The Recovery Hub was completely clean, uncluttered and decorated in an attractive, homely style. In addition to communal lounges, it has a cinema room with a computer for service users to access. Information about making complaints and compliments is displayed in the reception area and signage is clear.

RecoveryHub@SouthLeeds is split over two floors. It is spacious, clean and completely odourless. Corridors are wide and uncluttered.

There was plenty of natural light in lounges and bedrooms. While most service users had moved into the lounge room to watch television when we visited, we noted another space was in use for a craft activity. Noise levels were completely comfortable.

Service users are able to access the garden in summertime. There is also a cinema room with a computer which appears to be used at specific points during the week.

While a lot of information appears to be communicated verbally to Hub service users, a small menu was available for them to view.

Overall experience of the Recovery Hub

Service users and relatives were asked about the best thing about the Recovery Hub

"The best thing about it is getting to chat to residents and staff" (service user)

"You get to intermingle and chat with residents, there is a friendly atmosphere" (service user)

"It runs very smoothly, no problems at all" (service user)

When we asked what would make their experience of the Hub better, the majority of those who responded could not think of anything in particular.

"Nothing, it's very good" (relative)

One respondent wanted more variety and choice in their meals and felt that the weekly menu never changed. As a result, we asked the Hub's manager about the menu rota. She explained that menus were designed to have a four-weekly cycle.

A second respondent (a relative) also said that sometimes no one came when the call button was pressed, that she had occasionally taken her mother to the toilet because she could see that staff were busy, and that it could be difficult to get help at mealtimes.

Another respondent said they would like to be able to access their preferred newspaper.

Our recommendations

Respondents agreed unanimously that they felt well cared for by the Hub.

1. Continue to offer service users good quality care in a pleasant and friendly environment.

Service users mentioned how their limited mobility restricted their ability to take part in activities.

2. Review how extra flexibility could be built into the activities timetable to accommodate service users with limited mobility and consider how activities could be further utilised as a way of building service users' independence.

While respondents felt they had a chance to review their progress with staff members, there was huge variety in the answers people gave.

3. Keep service users and their families informed as to when their next review will take place and continue to find ways to ensure service users are aware of the progress they are making towards independent living. We know that this is something the Hub is looking into, as the manager explained to us that it can take time for staff to help service users understand that the Hub's aim is to enable them to live independently.

Under half of the respondents told us that staff discussed with them what will happen after they leave the Hub.

4. Consider ways in which service users can be further reassured about what will be in place for them when they return home; for example, the Hub could take steps to ensure that information provided to residents about options for their post-Hub care reflects the diversity of service users, and wherever possible is tailored to their individual circumstances.

Service Provider Response

Thank you for coming to visit the hub, we are always grateful of opportunities which help us to improve our service.

Following feedback received at our service user forum, we are currently devising a small booklet called 'My recovery journey log'. Service users will keep these themselves and we will be able to record reviews and details of home planning etc.

We will look at ways to consult with our ever changing service user group to see how to ensure we are capturing the social needs of all service users during their stay at the hub.

Next Steps

The report will be shared with RecoveryHub@SouthLeeds, Leeds City Council and the Care Quality Commission. We will agree with them 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 Anna Chippindale with help from Tatum Yip. The Enter & View visit was carried out by Anna Chippindale, Betty Smithson, Graham Prestwich and Emma Corbett.

We would like to thank site manager Karla Gallon for welcoming us on the day and for the information she shared with us. We would also like to thank the service users 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 four authorised enter and view representatives and lasted approximately 2 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.

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 feed back 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 service users, 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.

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.

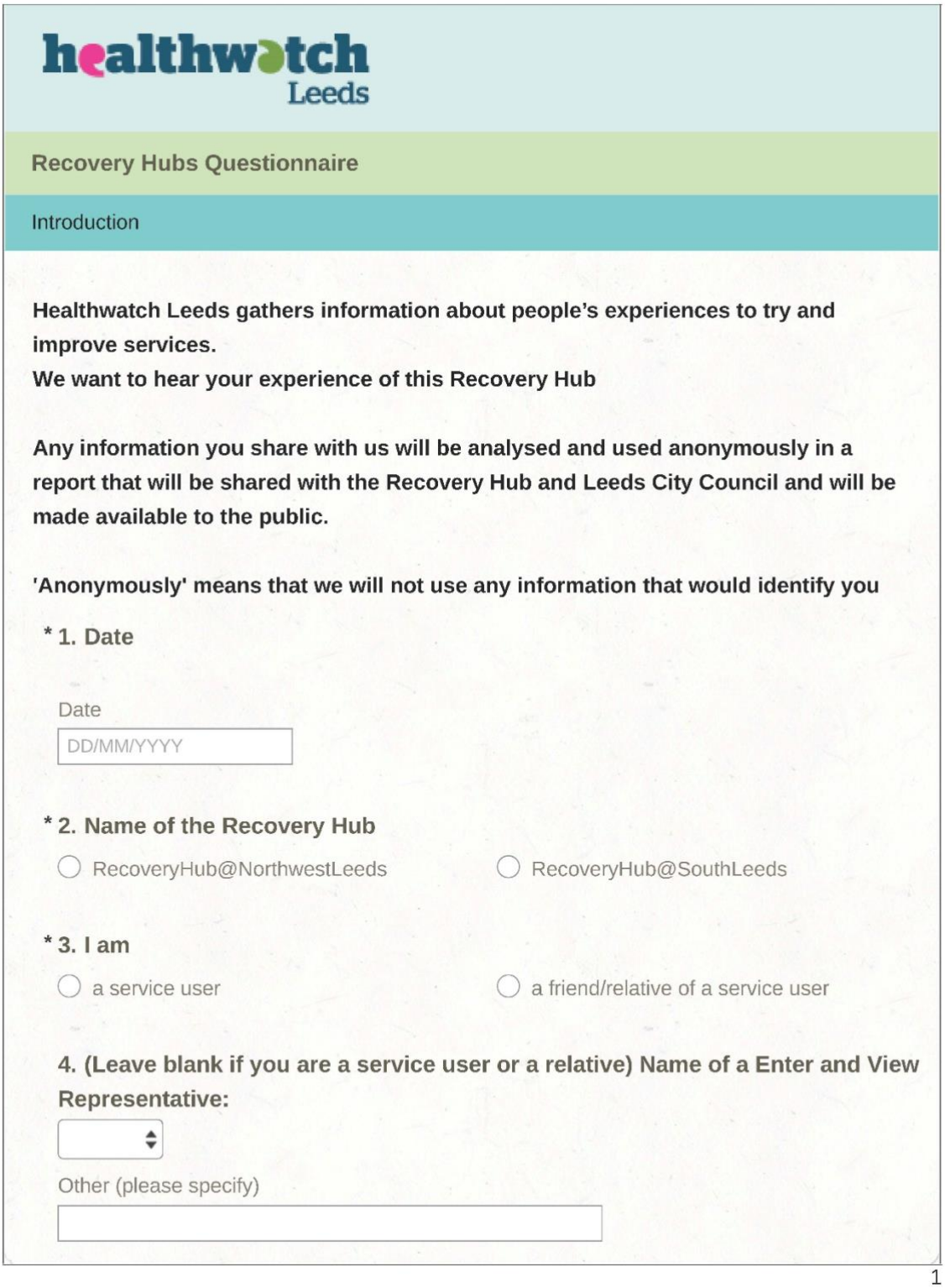
2. Record those needs in a set way.

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.

3

*** 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.

6

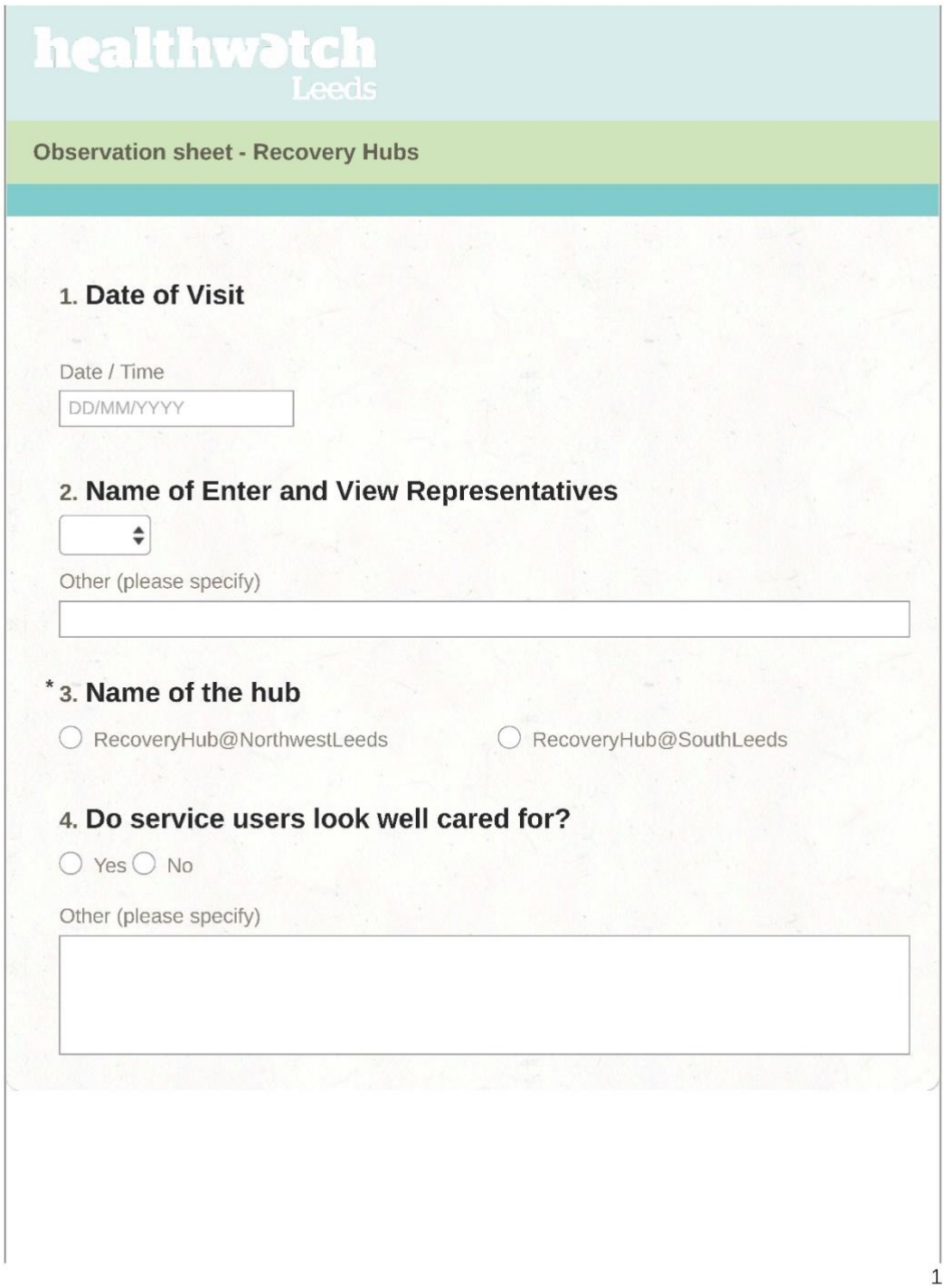
13. What has been the best thing about staying in the recovery hub?

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.

7

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