Service Provider Response Form

Name of Service: RecoveryHub@SouthLeeds

Name of Service Provider: Leeds City Council **Date: 16/4/2024**

Healthwatch Leeds Recommendation	Service Provider Response (including any actions you will take)	Who is responsible	When will this be implemented by
1. Review staffing levels at evenings and weekends to ensure they are sufficient to meet the level of need of people staying at the recovery hub.	The RecoveryHub@SouthLeeds is a busy service, and we have the required staff ratio for all shifts. We do have a reduced number of administration staff working out of core hours, so there are less staff visibly present at these times. Our dependency and staffing levels remain under constant review, and we are confident the service is always staffed to a safe level. We operate an Operational Pressures Escalation Levels (OPEL) process which is overseen by senior managers and monitors both dependency and staffing levels and continuity.	Service Manager	Ongoing

2. Ensure that people staying at the recovery hub and their family carers are regularly involved in and communicated with about next steps for their care following their stay in the Recovery Hub.	We have an established Exit survey process in place which we started in July 2023 for people when they are being discharged from the South Recovery Hub. This is so that they can inform us of their experience whilst they have been in the Hub. We use a PREMS survey which is a set of nationally recognised questions to measure a person's experience of intermediate care services which we adapted to include carers and families. Within the survey it asks the following questions which relate to the person's next steps and discharge plans. From the surveys completed in March 2024 these were the responses from the customers: • People felt that they were involved in decisions about when they would go home -91.67% answered this was a true statement. • "Staff discussed with me whether additional equipment or adaptations were required to support me living at home" – 100% answered this was a true statement. • "Staff took account of my family or home situation when planning going home." - 75 % said this was true and 25% said it was true to some extent. • "Staff gave my family or someone close to me all the information they needed to help care for me."	Service Manager	Ongoing

	– 83.33% said that this was a true statement; 8.33% said it was true to some extent, and one person answered, "not applicable" (8.33%). • "Staff discussed with me whether I needed any further health or social care services after this service stopped. (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)" – 67% said they felt this was true and 33% said it wasn't necessary to discuss.		
3. Review systems for documenting and acting on people's cultural and religious needs so that these are more consistently met.	At the point of admission, the Admissions and Discharge coordinators in the Recovery Hub complete an initial assessment tool with the customer. As part of this information gathering, they do ask for the customers cultural preferences, choices and beliefs which is also recorded in the customer's individual plan. However, we recognise that we can support staff to improve their competency, confidence and awareness in this area, which we will do through training and team meetings. Additionally, the data from the March exit surveys also captures whether a person "*felt their culture, beliefs and values were respected.*" The responses were; 58 % strongly agreed 17% agreed, and 25% neither either agreed or disagreed or felt this question was not applicable to them.	Service Manager	Ongoing

4. If not already in place, introduce a system to ensure that legal requirements under the Accessible Information Standard are met. In particular, ensure that any communication needs are visibly flagged on files so that staff can act on them and that there is a system in place for this information to be shared with other health and care providers when needed.	The service has reviewed the way in which it meets the specific communication needs and preferences of customers and these approaches have been quality assured by our Adults and Health Lead for the Accessible Information Standard. We commence this process at the point of referral screening. We then complete the Initial Assessment tool which identifies any barriers to communication. This enables us to consider accessible information requirements of people using our service. Where communication needs are present and where appropriate, we work closely with families and friends, establishing good relationships to ensure our customers are supported with both communication and information needs. The service has access to an interpreter service should customers need it, and relevant organisations can be contacted for further support, such as Leeds Society for Deaf and Blind.	Service Manager	Ongoing