Impact report | October 2018

Rehabilitation, recovery and reablement

1. Introduction

In 2014, Healthwatch South Gloucestershire took part in Healthwatch England's national inquiry into hospital discharge. Following engagement work around hospital discharge, Healthwatch made four recommendations to local hospital trusts:

1) The discharge process for many patients needs to be planned and implemented more efficiently. Where possible, planning should begin early in the patient pathway.
2) Discharge processes must include a thorough and effective process for ensuring that patients can access voluntary and community sector support within their community. Patients should be empowered to maintain and improve their wellbeing post-discharge to avoid the potential for distressing and unnecessary readmissions.
3) Where possible, and especially in circumstances that involve vulnerable and/or older people, the hospital should examine whether they could provide a 'check-up' service to patients after discharge.
4) Hospitals should consider whether they are doing enough to listen to the views of patients, families and carers during the discharge process. Views should be meaningfully incorporated into decision-making in order to empower patients to feel in control of their care.

The report from our hospital discharge work in 2014 can be viewed on our website **W:** https://bit.ly/2ArvpW2.

Hospital discharge continues to be an area that Healthwatch South Gloucestershire hears about from local people, both improvements in discharge processes and areas where things could be improved.

This coupled with the increasing focus on supporting people to remain independent within their own homes, led Healthwatch South Gloucestershire's Executive Board to choose this as a work plan priority for 2017 – 18.

1.1 Our focus

Through this ongoing programme of work Healthwatch has been keen to understand the care provided, and experiences that residents have when discharged through South Gloucestershire's rehabilitation, recovery and reablement (3Rs) programme.

The 3Rs programme includes three strands or 'pathways':

Pathway one - supports hospital patients to return home for ongoing assessment as soon as they are medically fit to do so

Pathway two - patients can be transferred to community rehabilitation beds with rehabilitation support provided, in order to prepare for a return home

Pathway three - for a small minority of people, more intense care may be needed following discharge from hospital and for these circumstances a number of specialist nursing home beds are provided.

Healthwatch South Gloucestershire has focused specifically on **Pathway two** with the aim of understanding people's experiences of preparing for discharge into a community rehabilitation setting, before being supported to return home.

1.2 What did we do?

Through Healthwatch legislation, authorised representatives have the ability to 'enter and view' services in order to understand people's experiences of care and support, gathered through observations and conversations with staff, service users/patients and their families/ carers.

The 3Rs programme is comprehensive so before launching into enter and view visits, the authorised representatives carried out some online research and agreed that a series of learning and development visits should be undertaken to increase their understanding of the 3Rs programme and explore how it is delivered in South Gloucestershire.

At this point it was agreed that Pathway two would be the focus and settings involved in the delivery of this pathway were approached. Three visits took place during November and December 2017.

Please note: *Although these visits were not conducted as formal enter and view visits, considerations such as safeguarding still applied. If the representatives had observed anything which had triggered a concern, they would have reported it immediately in accordance with The Care Forum's safeguarding policy.*

Healthwatch South Gloucestershire would like to thank the three settings that allowed us to visit for our learning and development. Thank you letters were sent to the settings after the visits. A decision was taken not to capture observations from these visits in formal enter and view reports. The notes below highlight the information that authorised representatives captured during the visits to help them understand the 3Rs programme in more detail.

1.3 Learning and development visits

Deerhurst Care Home (Brunel Care) – November 2017

Healthwatch enter and view representatives visited Deerhurst Care Home in November 2017 and were informed that that four of the 66 beds at the home had been allocated for reablement, allowing patients to receive up to six weeks support before returning home.

When a bed in the home becomes available South Gloucestershire's community healthcare provider, Sirona care & health, is informed and they then liaise with hospital discharge teams to identify a suitable patient.

Sirona care & health provides a physiotherapist to the home, who visits the four patients three times a week. Deerhurst also employs their own physiotherapist who runs exercise classes once a week, and other care staff and nurses have been trained in rehabilitation and independence skills.

During the visit, Healthwatch representatives spoke to two of the four reablement patients who both felt happy and consulted about the transfer from acute hospital to Deerhurst and the steps that had been taken to prepare them to return home. One of the patients had declined a bed at Thornbury Hospital's Henderson Ward due to its distance from their family and had had to wait a short while until a bed at Deerhurst was available.

Windmill House Care Home – November 2017

Healthwatch enter and view representatives visited Windmill House Care Home, which comprises 55 en-suite rooms, two of which had been made available for reablement.

A GP visits new residents within two days of arrival and a district nurse visits when required. Healthwatch representatives spoke to two patients, one of whom had more complex needs. They spoke about enjoying activities at Windmill House Care Home and felt they were being excellently treated.

Elgar 2 ward, Southmead Hospital – December 2017

Enter and view representatives visited Elgar 2, a ward in Southmead Hospital run by Sirona care & health as part of Pathway two. Healthwatch representatives spoke to three patients about their experiences and heard that they had all just taken part in a rehabilitation activity which they seemed to have enjoyed. They described the ward as relaxed and open and said that staff were kind and doing their best to assist them.

The four patients that Healthwatch spoke to during this visit reported feeling that being on Elgar 2 had given them more of a chance to get their strength back after a stay in the acute hospital. They also felt that the care experience at Elgar 2 was very good. The patients we spoke to looked forward to returning home with the right care packages in place.

The enter and view team met in January 2018 after the three learning and development visits had taken place to review their learning and the feedback they had received. Having already observed how two community-based settings were involved in Pathway two, the enter and view team decided to carry out an enter and view visit to Henderson Ward at Thornbury Hospital in order to complete the picture.

The team decided that whilst carrying out the enter and view visit, they would like to seek permission to track patients back into their own home after discharge. They hoped that this would enable them to gather patients' experiences of the whole pathway from acute hospital to home, and understand how discharge was planned at each stage.

A patient questionnaire was developed to be used during the enter and view visit. This was based on some work that had been carried out by Healthwatch Bath and North East Somerset and Healthwatch Wiltshire in 2015. This learning, and the conversations that took place during the learning and development visits, enabled the team to consider the questions that they felt would give insight into how the 3Rs programme was working.

2. Enter and view visits

2.1 Henderson Ward, Thornbury Hospital (Sirona care & health) - February 2018

The enter and view visit to Henderson ward at Thornbury Hospital went ahead on 7 February 2018. Our report details the difficulty of delivering a service in a hospital that was built 100 years ago. To read the full report **W:** https://bit.ly/2JcMWWR

Key findings:

- The general cleanliness was good
- Food was complimented by patients
- There were plenty of water jugs for regular hydration
- Discharge appears to be planned carefully and readmissions are low
- Staff are dedicated to providing care in what can be a challenging physical environment.

Healthwatch made two recommendations from this visit; male patients told us that shaving mirrors were not available other than in the bathroom, and patients commented on being cold on the ward.

Sirona care & health responded stating that a number of shaving mirrors have been purchased for the unit and were now available when required. Due to the age and condition of the building there are areas that can be colder than others (the heating system is also less optimal at times). Portable heaters and radiators are available for use

in the unit when needed to ensure there is an ambient temperature throughout all areas at all times.

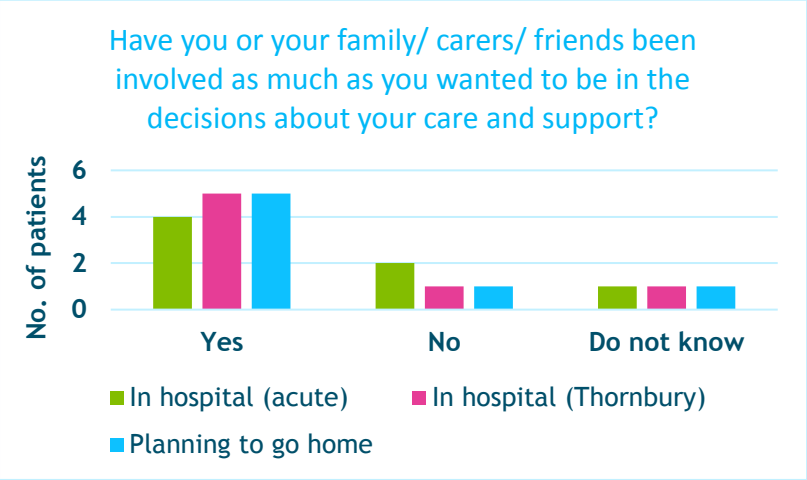
During the visit seven patients were interviewed and gave permission for Healthwatch to contact them after discharge to find out what the rehabilitation experience and discharge process has been like for them.

2.2 Patient interviews during the visit:

Seven patients were interviewed during the visit. All of their comments and feedback can be viewed in the full report. Here is a summary:

1) **Tell me your story/ tell me a little bit about what has been happening with you over the past few weeks or months?**
   - Four patients had had falls – two had sustained fractures
   - Two were recovering post-surgery

2) **Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?**



Two individuals reported having had "no idea what was happening" in preparation for their discharge from acute hospital to Thornbury.

3) **How do you feel about the care you have received here at Thornbury Hospital?**
   - "Very caring but sometimes had to wait as busy with other patients"
   - "Anything you ask for you get"
   - "Good but staff always busy. Can lose bleeper in blankets"
   - "Excellent nursing care. Transfers between hospitals very uncomfortable and traumatic" *(this person reported being transferred from acute hospital to Thornbury late at night, which had led to them feeling disorientated)*
   - "Nursing care very good but nurses aren't around as much as you'd like them to be"

4) What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

- "Having assessment when I get home to see what I need"
- "Want to go home" *(two patients said this)*
- "Not been involved very much"
- "Several discussions on discharge plan – aware of the care I will need when get home"
- "Quite content with discharge plan – has been discussed with relatives"

2.3 Patient follow-up after discharge:

Patient 1
Had had a good experience of discharge with no problems. They thought they were involved in decision making and had some home care in place when they returned home. They reported being extremely likely to recommended the rehabilitation in Pathway two.

Patient 2
Was supported by their family upon discharge and reported not having been told much about their discharge and what would happen next. There had been delays in their discharge from Henderson ward, but they were still likely to recommend the rehabilitation in Pathway two.

Patient 3
Unfortunately we were informed that this person had passed away following discharge.

Patient 4
Was admitted to Henderson ward directly by their GP following a fall. They had no delays or problems with their discharge home. Carers attend twice a day to help them wash and dress and their daughter visits twice a week.

Patient 5
Admitted to Henderson ward after a stay in Southmead Hospital following a fall. Despite receiving physiotherapy on Henderson ward they were still unable to use a zimmer safely and therefore it was deemed unsafe for them to return home. The patient had then been transferred to a nursing home with assistance from a social worker. They were receiving support from a community physiotherapist at the nursing home in order to continue their rehabilitation process.

Patient 6
Was admitted to Henderson ward from Southmead Hospital after a hip operation following a fall at home. This patient had had intensive physiotherapy and reported that they could now use a zimmer frame independently. After six weeks rehabilitation they were deemed fit for discharge to independent living at home.

Patient 7
Was not happy as they had been told that they would go to Yate, but was transferred to Henderson ward at Thornbury. This patient had not had any support since returning home. They had been given telephone support and exercises to do at home and were awaiting a visit from the physiotherapist. They reported having problems getting a zimmer frame so had bought their own. This patient does not have home care and is being cared for by their partner.

2.4 Skylarks Rehabilitation Unit (Sirona care & health) - June 2018

During early 2018, there was a change to where some of South Gloucestershire's 3Rs services were provided. 3Rs services for South Gloucestershire residents were moved from Elgar 2 at Southmead Hospital, and relocated at a specialist rehabilitation facility in Yate, called Skylarks.

Skylarks Rehabilitation Unit is a Pathway two unit run by Sirona care & health in partnership with North Bristol NHS Trust and South Gloucestershire Council. Skylarks, which was opened in January 2018, provides 30 rehabilitation beds for people registered with a South Gloucestershire GP. Skylarks Rehabilitation Unit is situated on the top floor of a newly built care home called The Meadows in Yate. The Meadows is a separate service, provided by Wind Mill Care.

Our report highlighted that delays were already occurring in discharging people from Skylarks back to their own homes. To read the full enter and view report
W: https://bit.ly/2zaz0Wi

2.5 The findings:

- Very clean, bright and cheerful
- Enthusiastic and dedicated staff
- Delays in patient discharge are already occurring

Healthwatch made two recommendations from this visit; to ensure menus are available to patients in areas other than the dining room, and that relevant accessible information is available for patients with disabilities or learning disabilities, particularly for discharge summaries.

Sirona care & health responded stating that they have ensured that a copy of the weekly menu is posted throughout the unit, including in other communal areas, such as the lounge and also in individuals' rooms. Sirona care & health informed Healthwatch that they do offer accessible information when requested, but as a wider project they are working towards ensuring that all leaflets are accessible as standard, including discharge paperwork.

During the visit Healthwatch representatives talked to seven patients and six patients gave consent to be followed up after they are discharged.

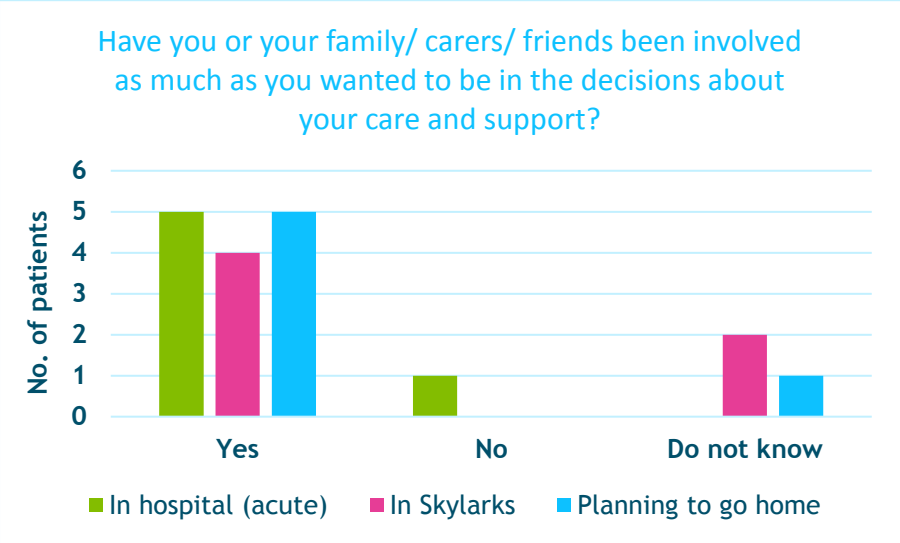
2.6 Patient interviews during the visit:

Seven patients were interviewed during the visit. All of their comments and feedback can be viewed in the full report. Here is a summary:

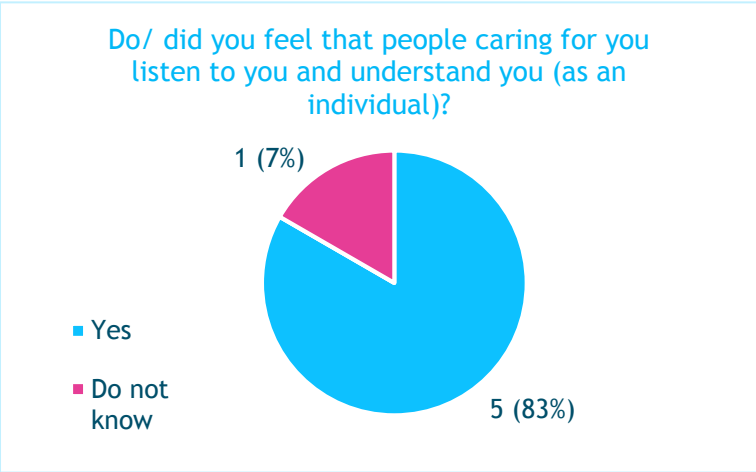
1) Tell me your story/ tell me a little bit about what has been happening with you over the past few weeks or months

- Healthwatch learnt that four patients had had falls.

2) Have you or your family/ carers/ friends been involved as much as you wanted to be in the decisions about your care and support?



3) Do/ did you feel that people caring for you listen to you and understand you (as an individual)?



Please tell us why you have given this answer?

"Given time to explain myself"
"Good care"
"Treated as an independent person. Could ask for help when needed and pointed in right direction"

4) What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

- "Told to come here for safety reasons"
- "Happy to come here – I realised I needed rehabilitation"
- "I am going to a Nursing Home from here – I was consulted and helped by the OT with this decision"
- "Worried about going home and not coping – may need to go into respite"

5) Anything else you would like to tell me about your experience here?

- "Very relaxing, friendly. Always ready for a chat"
- "All staff doing their best for me"
- "When you ask for something you get it. Nothing too much trouble"
- "Physios available when you need them"
- "They are not aware of my previous level of activity. I was very independent"

At the time of the visit Healthwatch representatives were informed that there were 11 patients who were deemed medically fit for discharge, however their discharge was being delayed due to challenges with securing care and support for people at home.

It was reported around the time of our visit that one of the home care providers commissioned to deliver services in South Gloucestershire was experiencing financial difficulties. We do not know if the patients awaiting discharge from Skylarks were directly affected by this, but it is likely that the local market was affected, which may have caused delays as packages of care had to be arranged with other providers. Healthwatch will continue to monitor data released from Skylarks Rehabilitation Unit to track delays in discharge.

Following Healthwatch's visit to Skylarks we received a comprehensive piece of feedback from an individual regarding various elements of care at the Unit. Due to the breadth of the feedback that the individual had provided, we shared this with Sirona care & health and invited them to provide a response. Sirona replied to Healthwatch with an answer to each point that had been raised, which was then shared with the individual.

2.7 Patient follow-up after discharge:

Patient 1

Reported that discharge happened in a great rush. They were told the evening before and transport arrived before they had breakfast. They managed to contact a family member though so were able to let someone know that they were returning home. A home visit had already been done and no adaptions or equipment were required as the patient already had rails on their steps and stairs, and was in the process of having a walk-in shower fitted. They reported that care is being provided twice a day but this will soon be stopping as the patient is independent and coping well.

Patient 2
There was a long wait for discharge [from Skylarks], but all went well. "Care and the staff were excellent and I now get regular support from care staff to help me get washed and dressed." The patient reported that "the carer is smiley and friendly, but it is not always the same one."

Patient 3
Healthwatch was unable to reach this person for follow-up.

Patient 4
The patient could not remember much about the discharge process, although they did report feeling that their views were listened to and they got good care at Skylarks.

Patient 5
The patient reported having been at Skylarks for two weeks and, following discharge, the Health Visitor had come and arranged physiotherapy which had only recently stopped. Follow up will be looking at exercise and diet and the patient had been given a phone number that they can call at any time. They reported being "completely satisfied with all the treatment they had received at Skylarks and the follow up on return home."

Patient 6
The patient reported having been discharged from Skylarks after one week and is now being looked after at home by their partner. They reported having felt fully informed about the discharge process and their family had been involved at all points of the process.

2.8 Elgar Enablement Unit (North Bristol NHS Trust) - October 2018

Throughout this work, Healthwatch has provided regular updates to South Gloucestershire's Health Scrutiny Committee. During our update at the Committee meeting in July 2018, we were asked if we would consider carrying out an enter and view visit to Elgar House at Southmead Hospital, to understand the services being delivered there following the move of Sirona care & health's rehabilitation services to Skylarks Rehabilitation Unit in Yate. The enter and view team agreed and a visit was scheduled with North Bristol NHS Trust for October 2018.

Healthwatch representatives had difficulty getting into Elgar Enablement Unit, it appeared that a previous email stating we were to be expected was forgotten and staff present on the ward on the day were not expecting us.

Elgar Enablement Unit is part of Southmead Hospital run by North Bristol NHS Trust. The ward contains 76 enablement beds (40% of which are available for people registered with a South Gloucestershire GP). Ward staff took the Healthwatch representatives around the unit and answered their questions.

Healthwatch representatives were informed that patients transfer to the Unit from acute wards within Southmead Hospital and are considered medically fit for discharge upon arrival. Healthwatch was informed that discharge planning commences on the day that each patient arrives at the Unit. However, if during their stay a patient requires palliative care, they will stay on the Unit rather than being transferred back to an acute ward, transfers will only be made if the patient is severely ill.

At the time of our visit 38 of the 76 patients were going through the enablement process.

Unfortunately Healthwatch representatives did not have the opportunity to speak to any patients during the visit. Four patients were identified as being suitable to be interviewed; of these, one declined, two were being taken off of the ward for medical procedures and one patient, who did want to speak to Healthwatch was later described by staff as being unwell with an infection. This also meant that Healthwatch representatives were unable to seek consent from patients to follow them up after discharge.

The draft enter and view report is currently with North Bristol NHS Trust. Healthwatch gives providers 20 working days to check factual inaccuracies and provide a response. We hope to receive a response from the Trust towards the end of November.

***Please note** – Once the Trust's response is received, corrections may be made to the details listed about the Unit here.*

In the report, Healthwatch has recommended to North Bristol NHS Trust that a named member of staff is identified when an enter and view visit is scheduled to take place. This individual would have responsibility for meeting and greeting Healthwatch representatives and facilitating the visit.

Healthwatch has also asked North Bristol NHS Trust for clarity as to how the care that is provided at Elgar Enablement Unit complements the services provided through South Gloucestershire's 3Rs programme, and if there is any formal link to ensure coordinated care.

3 Conclusions

- **During the three learning and development visits,** Healthwatch observed that smaller care homes, i.e. those with two or more patients being cared for on Pathway two, do not always have access to the same resources for rehabilitation as the larger dedicated wards or units. Despite this, the patients that we spoke to reported being happy with the care provided and the support that they were receiving to get them fit to return home.
- **At the Henderson ward in Thornbury Hospital,** care was reported as being very good and, when patients were followed up by Healthwatch representatives, we heard positive experiences of discharge and follow-up care. At the time of calling, none of

the patients had been readmitted to hospital, and the vast majority were able to live independently with varying amounts of support being provided by professionals or family members.

A small number of patients reported dissatisfaction with their discharge experience, and one person was unhappy about having received telephone support for physiotherapy rather than being able to see someone face to face.

During the Healthwatch visit to Henderson ward some patients told how they experienced being cold. The challenges of providing care within the 100 year old hospital building are well-recognised by local health commissioners and, Healthwatch has subsequently been informed that plans are afoot to move patients out of the hospital before winter sets in.

- **At the newly opened Skylarks Rehabilitation Unit,** Healthwatch was again informed of high standards of care. The patients that we spoke to reported feeling that they were listened to, informed of what was going on and that their family and friends were as involved in planning their care as they had hoped. During this visit, Healthwatch representatives were made aware of eleven patients who were deemed medically fit to be returned home, but were experiencing a delay in their discharge due to capacity within the local home care market.

  During follow-up, Healthwatch was again informed by the majority of patients that their experience of discharge had been positive. At the time of speaking to them, none of the patients had been readmitted to hospital.

  Of the five patients that Healthwatch representatives were able to speak to, those who required ongoing care at home and physiotherapy all reported that the service they received had been good.

- Through this work Healthwatch has spoken to 23 patients about their experiences of patient discharge. Although this is not a significant number to suggest systematic change**, the feedback provided gives some insight into the steps that are being taken by local NHS providers to improve patient discharge**, particularly with regards to it being planned in a timely manner, and being done in collaboration with the individual and their family/ carers. These were two of the recommendations from our work on hospital discharge in 2014 and it is pleasing to hear feedback that suggests that this may be improving.

- Although we have not specifically asked patients about this, it is interesting to note that **none of the patients that we spoke to mentioned that they were signposted to other services, such as community or voluntary sector groups**, after discharge in order to help maintain their independence and wellbeing at home.

  The feedback that we have received indicates that the medical model applied through the 3Rs programme enables the majority of people to return home after a hospital stay; however with an increasing focus on self-care it would be good to see greater

reference by health professionals to the huge array of support that is available within the community to help people to look after their own wellbeing.

- Healthwatch representatives were disappointed not to be able to speak to any South Gloucestershire residents during their visit to **Elgar Enablement Unit**. There is capacity at the Unit to provide support for around 30 South Gloucestershire residents making it similar in size to both Skylarks and Henderson ward, and therefore a significant service for the local population. Healthwatch has asked North Bristol NHS Trust to provide clarity around how the Unit complements the 3Rs programme in South Gloucestershire.
- During this programme of work it has become evident that **the majority of patients that we spoke to were receiving treatment through Pathway two because they had had a fall**, some of which had resulted in fractures. This has raised questions with Healthwatch's Executive Board and enter and view team as to why so many people are falling and what is being or can be done to tackle the underlying causes. Healthwatch was grateful for the information that Sirona care & health provided about local falls services in their response to the Skylarks Rehabilitation Unit enter and view visit, however the Healthwatch Executive Board would like to understand this area in more detail.

Healthwatch South Gloucestershire would like to thank the patients and staff who have taken part in this programme of work and supported our observations of the 3Rs programme

4 What next?

Healthwatch hopes to receive a response from North Bristol NHS Trust to the Elgar Enablement Unit enter and view visit towards the end of November. Healthwatch may consider a re-visit to the setting in the future to explore people's experiences of care.

Healthwatch South Gloucestershire's Executive Board will also continue to track developments of the 3Rs programme, particularly the move of patients out of Henderson ward and the impact of ongoing work by the Integrated Partnerships team.

Healthwatch South Gloucestershire's work plan priorities for 2018-19 includes Ageing Better and Prevention and self-care. In partnership with NHS and local authority commissioners, the Healthwatch Executive Board will discuss opportunities to try to understand the theme of frailty and falls in more detail and ascertain where we can add value through our work.

This report will be presented to South Gloucestershire's Health Scrutiny Committee in November 2018 and South Gloucestershire's Area Leadership Group in January 2019 to highlight our findings and discuss scope for further work.