



## **Intermediate Care in Redbridge:**

A review of patient experience of home and hospital care for people needing short term rehabilitation support

November 2016

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## Introduction

Healthwatch Redbridge has been following with interest the changes to intermediate care services across Barking & Dagenham, Havering and Redbridge since the consultation entitled 'Making Intermediate Care Better' led by Redbridge Clinical Commissioning Group (CCG) in 2014.

Over the last two years, we have continued to examine and analyse the details of the proposed changes, providing evidence of any concerns to Redbridge Health Scrutiny Committee (RHSC) on a number of occasions.

Following a robust and often fractious period of debate and review, RHSC agreed with our concerns and asked for a review to be conducted by the Secretary of State for Health in January 2016.

After the outcome of the review, RHSC requested Healthwatch Redbridge to engage with patients and carers to assess their experience of using the in-patient services.

After discussion with the service provider, North East London Foundation Trust (NELFT); it was further agreed that HWR would also work with them to support an independent survey of patients using the Community Treatment Team (CTT) and Integrated Rehabilitation Service (IRS) in Redbridge.

It was agreed that the services would be reviewed at approximately six, twelve and eighteen months from January 2016. This report is the first in the series.

The report is divided into sections to provide information on the outcomes of our visits and the results of the surveys and also provide recommendations where we feel these are appropriate.

Notes: **Community Treatment Team (CTT):** works with adults in the community with an acute physical need.

**Intensive Rehabilitation Service (IRS):** delivers intensive rehabilitation within a patients' home.

## Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and management of NELFT, the patients, visitors and staff for their assistance and contribution.

## Methodology

### CTT & IRS Surveys

Working closely with NELFT as the provider, we created two surveys for people using the CTT and IRS services in the community. Surveys were provided to NELFT to hand deliver on our behalf. In compliance with Data Protection Legislation, we were not given nor did we request direct access to patient personal information.

A Healthwatch staff member also attended both the CTT and IRS offices in order to contact patients by telephone in order to all patients who had been given the survey and hadn't responded.



Healthwatch distributed information posters about the survey to 63 venues including all GP surgeries in Redbridge, most of the main libraries and a number of health centres and community organisations.

The poster contained information about the survey and informed service users about how they could access it.

Healthwatch attended six outreach events to promote the survey. This was also a useful way to raise awareness about the services available in the borough.

### Ward Visits

Both visits were agreed in advance. Initially, HWR planned to conduct only one visit to the intermediate care wards however we were invited to conduct a follow up visit.

In order to identify and review in-patient experience of rehabilitation services within Foxglove and Japonica wards, we identified a number of examples of good practice found on our visit to Meadow View Ward at Queen Mary's Hospital, Sidcup (part of Oxleas NHS Trust) and reported to the RHSC in July 2016.

## Summary of Responses

### Community Treatment Team (CTT) Survey Responses:

- A total of **19** CTT survey responses (**19%**) were received by mail or completed through telephone contact.
- Respondents told us that the staff were all very kind, caring and efficient. They mostly felt they were quick but very thorough. Most said staff explained everything and **listened** to patients' concerns.
- Service users valued the CTT service. Respondents felt the team were **extremely helpful** and were really grateful to them for their support commenting '**they are an excellent team**'.
- The CTT service is **not as well used** in Redbridge as it is in the other boroughs. A number of reasons such as a **lack of referrals** from GP's, referrals not being completed in a timely manner, or the demography of Redbridge residents were highlighted as possible reasons.

### Integrated Rehabilitation Service (IRS) Survey Responses:

- A total of **26** IRS survey responses (**22%**) were received by mail or completed through telephone contact. Of those responding, **87%** told us they had used the service after receiving in-patient support in one of the rehabilitation wards at King George Hospital.
- **Without exception**, all service users said they would use the service again if needed in the future.
- It was evident when speaking to service users that the IRS team are going **above and beyond** what is expected of them to make the experience of the service user exceptional.

### Ward visits:

Using the visit to Oxleas NHS Trust (above) and a review of the national guidance on rehabilitation services; we developed a questionnaire focussed on asking respondents for their views on specific areas such as rehabilitation and enablement; the ward environment and external hospital facilities; and staff involvement and interaction.

Volunteers and staff from Healthwatch Redbridge spoke with **28** patients, **7** relatives and **7** staff during visits to **Foxglove** and **Japonica** wards on 2 and 30 September 2016.

## Rehabilitation and Enablement:

- Approximately half (49%) of the patients we spoke to said they had not been involved in developing their care plan.
- Many respondents (68%) told us that they did not know their discharge date.
- A large number of respondents (71%) told us they had received physiotherapy support whilst on the wards.
- A rehabilitation kitchen is located in Japonica ward and shared between patients on both wards. Only one patient (2%) we spoke to had used the kitchen. The kitchen is equipped with a sink, fridge and microwave. Staff told us they rarely used the kitchen and when they did it was to assess if a patient could heat a frozen meal safely in the microwave and move it to a table.
- There appeared to be a lack of scheduled activities although representatives were told that a multi-disciplinary team are involved in planning these. Staff told us that whilst activities are carried out by a patient's bed or in the physiotherapy bays; no weekly timetable is produced and it can appear to be 'ad hoc'. Whilst on the ward some patients were seen taking part in a small number of activities:
  - A patient was taking part in a memory game with a member of staff.
  - Some patients were sitting at a table in the dining room. We took the opportunity to speak with them and asked what they were doing. A box containing arts and craft materials was on the table in front of them. The patients said that a member of staff had given them the materials and left them to it. Staff did not appear to be involved in some of the activities.
  - A reminiscence pod was on display in Japonica ward. The pod depicted a garden shed with actual potting equipment such as compost, pots, propagators and seeds. Staff told us that the equipment had been there for over three weeks. Upon closer inspection, the equipment had not been used and was still wrapped in cellophane.
  - Our second visit was during Falls Prevention Week and a number of activities were taking place. Patients and staff were enthusiastic

and involved in a number of events. Age UK Barking, Havering & Redbridge were raising awareness during the week.

- Staff told us they would like to have more involvement from volunteers and community organisations and would welcome our involvement in addressing this.
- During our first visit, the majority of the patients in both wards were wearing their day clothes (75%). However we found that this was not the case during our follow-up visit. Staff spoken to said it was patient choice as to whether they got dressed.

### The Ward Environment:

- The refurbishment of Japonica Ward is of a high quality, making it a welcoming environment. Foxglove ward has had a refresh with some new murals and colourful glass panelling.
- Over the last 3 months, staff told us they have seen unusually high bed occupancy levels with an average of 50/51 beds being regularly in use. This was said to be higher than average for this time of year.
- When additional bed capacity is required, the physiotherapy bay (Japonica) and dining room (Foxglove) are converted to provide the extra space. This means this space is no longer available for communal activities.
- Although each ward had a dining room, very few patients (4%) made use of them, preferring to eat by their bedside. Staff told us that it was 'patient choice' as to whether to use the dining facilities.
- Some patients and relatives told us that meals were of poor quality, sometimes served cold or lukewarm, and sometimes they were not given the meal they had chosen.

### External Hospital Facilities:

- Hospital facilities such as a public restaurant, garden and coffee shop were hardly used by patients on Foxglove or Japonica ward. Many patients told us they were unaware of these additional facilities; for example 75% stated they were unaware of the presence of a garden.

### Staff Involvement and Interaction:

- High numbers of agency and bank staff were being used. This is reflective across health services in general but still a cause for concern.

- Staff were seen to be attentive and responsive to patients.
- Many service users were pleased with staff members however a few users commented that it was difficult to get help sometimes especially at night.
- It was unclear from our contact with patients whether any access needs were being met adequately with 54% telling us they were not asked if they had any communication difficulties.

## Recommendations

Based on these findings, HWR would make the following recommendations to Foxglove and Japonica wards:

### Rehabilitation and Enablement:

1. A more collaborative approach to care planning may benefit patients. Better outcomes exist where patients and their relatives are included in the individual goal-setting and care planning of rehabilitation needs.
2. The care plan should be discussed with every patient and they should also be informed about their discharge plan. Information provided to patients should be clear because several patients were unsure about whether they had discussed their care plan.
3. Patients would benefit more if the rehabilitation kitchen could replicate a home environment with the introduction of equipment such as a cooker and washing machine for example. Staff told us that most patients were assessed within their own homes when they were ready for discharge.
4. The use of reminiscence pods was highlighted as an example of good practice. Although there may be valid reasons why the pod had not been used, we would be concerned if the reason was due to staff either not having the time to support their use or that no training had been given.
5. Patients would benefit greatly from an Activities Co-Ordinator being recruited to take a lead in organising and developing a range of rehabilitation and social engagement resources to support users.



6. Although several patients mentioned that they had been involved in physiotherapy throughout their stay, the number of sessions was often low. There should be more structure around the number of sessions that patients have.
7. There should be planned activities taking place every day of the week. Staff should aim to include a wide variety of activities so that patients are engaged and interested.
8. Healthwatch Redbridge would be pleased to support any initiatives to involve community and voluntary organisations within the ward environment.

### The Ward Environment:

9. NELFT should review the quality of the meals provided.
10. If at all possible, patients should be provided with the meals that they have chosen.
11. Whilst Healthwatch recognises that not all patients want to eat in the communal area, patients should be encouraged to have dinner in the dining room. This would be a good opportunity for them to socialise with other people. Staff on Meadow Ward (Oxleas NHS Trust) told us they encouraged patients to socialise and most staff had their meals with patients as part of the rehabilitation process.
12. More could be done to encourage patients to wear their day-clothes. Whilst Healthwatch respects a patient's right to choose, it seemed a little too simple to say a patient had chosen not to get dressed (or indeed, to eat by their bed). A major part of rehabilitation and enablement is to actively encourage patients to partake in normal daily activities such as getting dressed. Staff in Meadow Ward use the act of getting dressed as part of a patient's rehabilitation process.

### External Hospital Facilities:

13. Patients should be informed about the facilities available such as the communal garden, restaurant and dining room. They should also be encouraged to use these facilities.

## Staff Involvement and Interaction:

14. Staff should also receive specific training on planning, organising and supporting activities for patients.

## Conclusion

It is clear from the feedback we are receiving that patients using the CTT and IRS services are extremely satisfied with the service.

Healthwatch Redbridge would also like to review the numbers and locations of those using the services to understand if there are any improvement which could be made to increase usage and allow more patients to benefit.

The in-patient service is showing clear signs that it is benefitting a number of patients and we acknowledge this. The staff are open and willing to engage with us to identify and improve the services. However, we still believe there are areas that could be better used.

We look forward to continuing our review of the services over the next six months.

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