healthwatch Redbridge

# Intermediate Care in Redbridge:

## The second review of patient experience of home and hospital care for people needing short term rehabilitation support

March 2017

# Introduction

Working closely with Redbridge Health Scrutiny Committee (RHSC), Healthwatch Redbridge (HWR) have continued to review and comment on Intermediate Care provision across Barking & Dagenham, Havering and Redbridge.

This report details the second of three reviews currently being undertaken by Healthwatch Redbridge into Intermediate Care services across Barking and Dagenham, Havering and Redbridge (BHR)[1].

The report is an updated review of patient and carer experience of the service as a whole and is based on a series of visits to both rehabilitation wards at King George Hospital and responses from an independent survey given to patients and carers with experience of using the Community Treatment Team (CTT) or Intensive Rehabilitation Service (IRS) in Redbridge.

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.

This report provides an update based on our original review and follows on from the previous recommendations shown in the report provided to RHSC on 21 November 2016.

The RHSC also confirmed its intentions to visit both Foxglove and Japonica intermediate care wards at King George Hospital (KGH). The committee has also agreed to visit Meadow View Ward at Queen Mary's Hospital, Sidcup (part of Oxleas NHS Trust) to experience other rehabilitation services.


# Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the patients, visitors and staff at KGH, and the staff and management of NELFT for their assistance and contributions to this report.


[1] http://healthwatchredbridge.co.uk/sites/default/files/intermediate_care_report_1_0.pdf

# Methodology

**CTT & IRS Surveys**

In August 2016, **100** CTT and **120** IRS surveys were provided to NELFT to hand deliver on our behalf. We made the decision not to provide more surveys at this time and to work with NELFT staff to encourage service users to continue to complete and send them back to us.

In compliance with Data Protection Legislation, we were not given nor did we request direct access to patient personal information.

**Ward visits**

Ward visits took place in January and February 2017 and were agreed in advance.

To allow for direct comparisons, both visits focused on similar areas as the previous visits in September2016 such as rehabilitation and enablement; the ward environment and external hospital facilities; and staff involvement and interaction.

For the second visit we included additional questions for staff about the range of ward-based activities being offered to patients. Our previous report had found little evidence of planned activities and interaction taking place.

For information, where qualitative data is used, figures shown in **(pink brackets)** relate to previous data collected in the original report from November 2016.

# Summary of Responses - Surveys

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

- Since August a total of **26** surveys have now been completed which calculates to a **26%** return rate. This is an increase of **7** since November 2016.

- Most respondents **(84%)** told us they had been referred to the service following attendance at the Accident & Emergency (A&E) Department.

- Higher numbers of referrals **(54%)** were received from GP's during the last three months. Our data is gathered from a small number of respondents and we cannot draw any conclusions from this, however, NELFT have told us that the clinical lead and senior nurses have targeted GPs in Redbridge by visiting and explaining the value and criteria for the service which may have increased the referral rate.

- **92%** of survey respondents identified themselves as 'White British' and is not shown to be representative of the local Redbridge community.

- Respondents continue to review the services in a positive manner. **No negative feedback** was received with the majority **(96%)** rating the service excellent or very good.

**Intensive Rehabilitation Service (IRS) Survey Responses:**

- Since August, a total of **37** IRS survey responses **(31%)** were received by mail or completed through telephone contact. This is an increase of **11** since November 2016.

- Of those responding, **84%** told us they had used the service after receiving in-patient support in one of the rehabilitation wards at King George Hospital.

- **93%** of survey respondents identified themselves as 'White British' and is not shown to be representative of the local Redbridge community.

- **Without exception**, all service users said they would use the service again if needed in the future.

# Summary of Responses – Ward Visits

For information: W*here qualitative data is used, figures shown in (pink brackets) relate to previous data collected in the original report from November 2016.*

During the follow up visits on 17 January and 14 February 2017, volunteers and staff from Healthwatch Redbridge spoke with **23** ***(28)*** patients, **6** ***(7)*** relatives and **6** ***(7)*** staff in both **Foxglove** and **Japonica** wards; representing **38%** of patients using the wards.

## Rehabilitation and Enablement:

- **73%** of the patients we spoke to said they had been involved in developing their care plan. This is an improvement since our last visit when ***51%*** had told us they had been involved.
- Nearly half **46%** of the patients we spoke to knew their proposed discharge date. This is an improvement since our last visit when ***32%*** could provide us with this information.
- A large number of respondents **82%** ***(up from 71%)*** told us they had received **physiotherapy** support whilst on the wards. However, from speaking to patients and relatives, the physiotherapy **ranged** from **regular daily** activities to **intermittent** sessions. **Senior staff** later told us that for **some patients** rehabilitation might mean walking to the **toilet** or **getting dressed**.
- A **rehabilitation** kitchen is located on Japonica ward and shared between patients on both wards. Again, **only one patient** 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.
- During our visit, another staff member stated that patients attend a breakfast club in the rehabilitation or main kitchen. This involves about 5-6 patients preparing breakfast for themselves. **None of the patients we spoke to mentioned this**.
- As on our previous visit, there appeared to be a lack of scheduled activities taking place. When asked this time about the planning and frequency of activities:
    - Staff said a **card making session** took place on the morning of our second visit (14 February, Valentine's Day) but only two people chose to take part.

- The occupational therapist told us she **often runs the activities** and the nurse assists during the session but at weekends, nurses run the activities (sing-songs were mentioned).
- Staff said that they **don't think the ward would benefit** from an activities coordinator because they are able to work as a multi-disciplinary team to plan and run the activities.
- The occupational therapist, who started in January, mentioned that she had previous experience of working in a rehabilitation centre so she is able to use this knowledge when designing activities for the patients. She said that the **patients need activities that will help their rehabilitation** and an activities coordinator might not be able to plan these activities in a way that was beneficial to patients to **aid** their **rehabilitation**.
- Staff showed the representative the therapy room, there were also some games such as 'Connect 4' and bowling.
- A staff member mentioned that patients occasionally take part in knitting but there were **worries about infection control**.
- After the first follow up visit in January, **staff agreed** to put an **activity timetable** on each patient's locker to **encourage involvement**, however **no schedules were seen** during our visit in February.
- **No activity timetable** was seen **within either** ward.
- Staff told us they are **sometimes busy** and **not always able to run** activities.
- Some staff told us the **ward might benefit** from an activities coordinator but that space was limited.
- The issue of having enough space for activities was mentioned by staff on a number of occasions as **impacting on rehabilitation and activities**.
- **Feedback** from patients was **asked for** but this is **not recorded**.
- **Representatives still felt the ward resembled a frail elderly ward.**

- During our visit, 48% *(75%)* of patients were **wearing their day clothes**. Of those who were not wearing their day clothes, 26% said that they **were encouraged by staff members** however they **chose not to** wear their own clothes. Most stated that it would be difficult to get clean clothes regularly brought in by their relatives.

- One patient mentioned that it was **easier** for her **to access** her leg (she had an injury) if she wore her hospital gown.

## The Ward Environment:

- To accommodate for **winter pressures**, the dining room in **Foxglove** ward had been **converted to provide extra bed space**. This meant the space was no longer available for communal activities.

- **Japonica** ward still has a **dining room**, however, of the **13** people that we spoke to, only **one person** told us they had used the dining room and only when their family had visited.

- Other patients stated they **felt** there **should be more activities** available to keep them **occupied**. Very **few** had **access** to **television** (there were no televisions by patient's beds). Some patients didn't feel comfortable using the communal television in the dining room on Japonica stating they would have little choice of programmes.

- On our previous visits, **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. During the follow up visit, the general **feedback** was that the food was **good**. Some patients mentioned there were **limited options** for people with other dietary requirements such as **Kosher** and they would like a wider variety of food.

## External Hospital Facilities:

- Hospital facilities such as a **public restaurant, garden and coffee shop** were hardly used by patients on Foxglove or Japonica ward. Only **9%** had visited the public restaurant and/or garden.

- Some patients told us they were not well enough to use the **garden** or the weather was **too cold** for them to go outside.

- There is an **information booklet** available for patients. This contained information about hospital facilities. **Many patients told us** they were **unaware** of the booklet located in a folder at the **end of each bed**. A **relative** hold us they had been **made aware** of the **information booklet** and had made use of external facilities.

- The patient information **booklet** was in **colour** and a photograph of the garden had been added. When asked, the HW representative was told it

was **not available in other formats** (large print, audio, easy read, braille etc).

- The **representative explained** that due to the **Accessible Information Standard**[2] it was important that all information is provided in an accessible format for people with hearing impairments, visual impairments and learning disabilities.

### Staff Involvement and Interaction:

- **Many patients** told us they were **pleased** with **staff members** however a **few commented** that it was **difficult** to get help **sometimes** particularly at **night**.

- It was **unclear** from our contact with patients whether any access needs were being met adequately with **50% (54%)** telling us they were not asked if they had any communication difficulties. However we were made aware that information was not available in other formats (see above).

## Recommendations

The following recommendations were previously published in the first report in September.

At our visit in January, we had an opportunity to discuss the recommendations with senior staff from NELFT - Caroline O'Haire, Assistant Director; Debbie Feetham, Interim Intermediate Care Service Manager, Frailty Division; and Nashreen Seebundhun, Matron.

Acute and Rehabilitation Directorate to assess whether any changes had been made since we submitted the original report.

Following the completion of our second round of visits, we have now had the opportunity to update the recommendations.

[2] https://www.england.nhs.uk/ourwork/accessibleinfo/

| Rehabilitation and Enablement | | |
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| **Recommendation** | **NELFT Response** | **Further HWR Comments** |
| **1.** A more collaborative approach to care planning may benefit patients. Better outcomes exists where patients and their relatives are included in the individual goal-setting and care planning of rehabilitation needs. | We are at present conducting an audit around joint goal settings and care plans from patients that were on the wards during October, November and December. This will include both the nursing and therapy aspect of care. The audit should be completed by 28th February.<br><br>The plan is to ask patients to provide a signature to say they are happy with the care plan and the goals that they have set with the team. | We would be interested to see the audit report.<br><br>We would be concerned that a signature may not truly reflect a patients understanding of the care planning process. |
| **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. | The care plans and discharge date is discussed with the patient when they are first admitted to the ward. If the needs of the patient change then this is discussed with the patient again.<br><br>The plan is to ask patients for a signature and also to leave a summary with them once this has been done.<br><br>Should the patient require a care package or extra support when they | Has this commenced?<br><br>We would be concerned that a signature may not truly reflect a patients understanding of the care planning process. |

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| | are discharged then the Joint Assessment and Discharge team will become involved.<br>Prior to the discharge the patient will be assessed and either an Access visit will occur – in which an OT will visit the patients house, whilst a relative/carer is present, to assess if it is safe for the patient to return there or whether any adaptations are required before the patient can return; Home Visit- in which the patient will go to their home with the OT and be assessed in their home. | A patient told us they had been on a home assessment and thought they would return home soon after, however, they were told they would need an air mattress and have been waiting for the equipment since (patient told us they had been in the ward for 56 days) |
| **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. | An audit is being conducted to assess how many patients used the rehabilitation kitchen during October, November & December.<br><br>Everyone's home environment is different so it would be difficult to replicate it for individual needs.<br><br>The rehabilitation kitchen was designed with the involvement of the OT leads in order to assess the safest and best standards for the | We would be interested to see the audit report. |

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| | patients. A cooker will not be introduced in the rehabilitation kitchen due to safety reasons. However re-ablement will occur in the homes of those patients that may like to use a cooker. | We have no examples of this type of rehabilitation having occurred. Could NELFT provide a case study please? |
| **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. | NELFT have about 5 REMPODS which are changed regularly. The items in the REMPODS are only to be used to provoke a discussion from patients.<br><br>NELFT will review the use of REMPODS with staff as their purpose may not be clearly understood by staff. | Healthwatch would challenge the first statement as we feel the use of the equipment would be essential to invoke other senses (such as smell, memory etc).<br><br>We look forward to seeing the REMPODS fully used on our next visit. |
| **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. | An activities coordinator has not been recruited as it is preferred that the activities are run across all the staff team. Although generally the therapists will do the activities, the nurses will get involved with the exercises that may be taking place.<br><br>We have also contacted Liz Walker of RCVS as we would like to recruit some volunteers to help with activities. | Healthwatch still believes that the evidence shown through our visit to Oxleas NHS Trust justifies the introduction of a coordinator and would enhance rehabilitation activities.<br><br>What type of volunteer roles are you seeking to recruit to? |

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| 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. | The physiotherapy requirements for each patient are different. However, a patient should have physiotherapy every day as long as it safe for them to do so.<br><br>The patients may sometimes be doing the exercises provided by the physiotherapist more than once a day but since they are being done by a nurse or health care therapist, the patient will not recognise this as physiotherapy.<br><br>An audit is being conducted at present to assess how many time each day the patients had physiotherapy during the month of November. This should highlight any problems. | When patients complete physiotherapy of any kind, is this not discussed with them? Would it not be appropriate to engage the patient and enable |
| **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. | An activities timetable is available on the noticeboard. However, it has been decided to put this on the side of the patient's lockers as well so it can be easily seen by the patients. | We saw no activities timetable in either ward.<br><br>We were told after our visit in January that timetables would be placed on patients' lockers but this was not able to be evidenced. |

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| 8. Healthwatch Redbridge would be pleased to support any initiatives to involve community and voluntary organisations within the ward environment. | No comment | At our first visit in September, we spoke with some patients who had taken part in an Age UK session highlighting 'Falls Prevention Week'.<br><br>The feedback was very positive and patients not only found the discussion beneficial; some also began speaking with other patients in a communal setting (away from their beds).<br><br>Two patients told us they used to be neighbours many years ago. They had not met on the ward but both had been there for well over a week. |
| **The Ward Environment** | | |
| **Recommendation** | **NELFT Response** | **Further HWR Comments** |
| **9.** NELFT should review the quality of the meals provided. | This is ongoing at present. | |

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| **10.** If at all possible, patients should be provided with the meals that they have chosen. | The staff were not aware that patients were not receiving their chosen meals. This would be unusual as the patients are provided with menus and asked to make their choice prior to the meals being ordered in the hope that the correct number of each meal is ordered.<br><br>NELFT will look at the number of Kosher and Halal options available. | We look forward to seeing a review of the catering provision. |
| 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. | Patients are encouraged to have their meals in the dining room. The OT also helps the patients to make their own breakfast to prepare them for going home.<br><br>The suggestion that staff eat their meals with the patients may not be suitable as some staff may not want to do this due to not getting paid for their lunch hour. | We found little evidence that patients were being encouraged to eat in the dining room.<br><br>Some patients told us they would prefer to eat at a table but (in Foxglove) this was not an option.<br><br>We will contact Meadow View to ask about staff involvement in mealtimes. |

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| 12. More could be done to encourage patients to wear their day-clothes. Whilst Healthwatch respects a patients 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. | Patients are encouraged to wear their day clothes. However there are no facilities for washing the patient's own clothes which makes it difficult if the patient does not have a relative/carer visiting every day. | It was apparent that, whilst some patients told us they were encouraged to dress, others did not share that view.<br><br>One patient told us she felt some staff rushed her and 'went through the motions' when assisting her to wash, preferring to move on quickly. |
| **External Hospital Facilities** | | |
| **Recommendation** | **NELFT Response** | **Further HWR Comments** |
| **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. | The patient is informed of these facilities via the patient information booklet. Photographs of the communal garden have been put in the booklet to help patients to recognise it. However, when Healthwatch asked about the booklet being in other formats for those with visual impairments, they were told it could be reproduced in | We saw evidence that the information booklet had been improved since our last visit. Although staff told us the booklet was not available in other formats, we are happy to acknowledge that it would be made available in larger fonts if required. |

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| | larger font but there is no audio version that can be provided for those that are completely blind. | However, NELFT, as a provider organisation must comply fully with the requirements of the Accessible Information Standards which requires every service user (and their Carers) to be asked whether they have communication difficulties.<br><br>This information should be highlighted, recorded and shared. We found little evidence that this was taking place. |
| **14.** Staff should also receive specific training on planning, organising and supporting activities for patients. | No comment | We would recommend further training and support for staff to identify meaningful rehabilitation activities. Staff did not appear to have enough knowledge of why particular activities would be beneficial.<br><br>Appropriate training sessions planners (with clear aims and objectives) would help staff to understand the sessions and encourage better participation from patients. |

## Further Observations

1. Healthwatch representatives spoke with a patient and their relative. The patient had been transferred from another hospital acute ward. As the patient was still clearly unwell, they had been told that they would not begin rehabilitation for two weeks.
    a. We would question why the patient was transferred to the ward two weeks before being ready to begin rehabilitation.

2. Representatives were told that a patient receiving palliative treatment would be unable to speak to them as they were too unwell at that time.
    a. Whilst Healthwatch accepts that any person is able to benefit from rehabilitation; having seen the patient, representatives were unsure whether the patient was ready to receive any such support

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