

healthwatch

Liverpool

Reablement Hubs

Sedgemoor, Granby and Venmore
Enter and View Report
18 May, 23 May & 3 August 2017

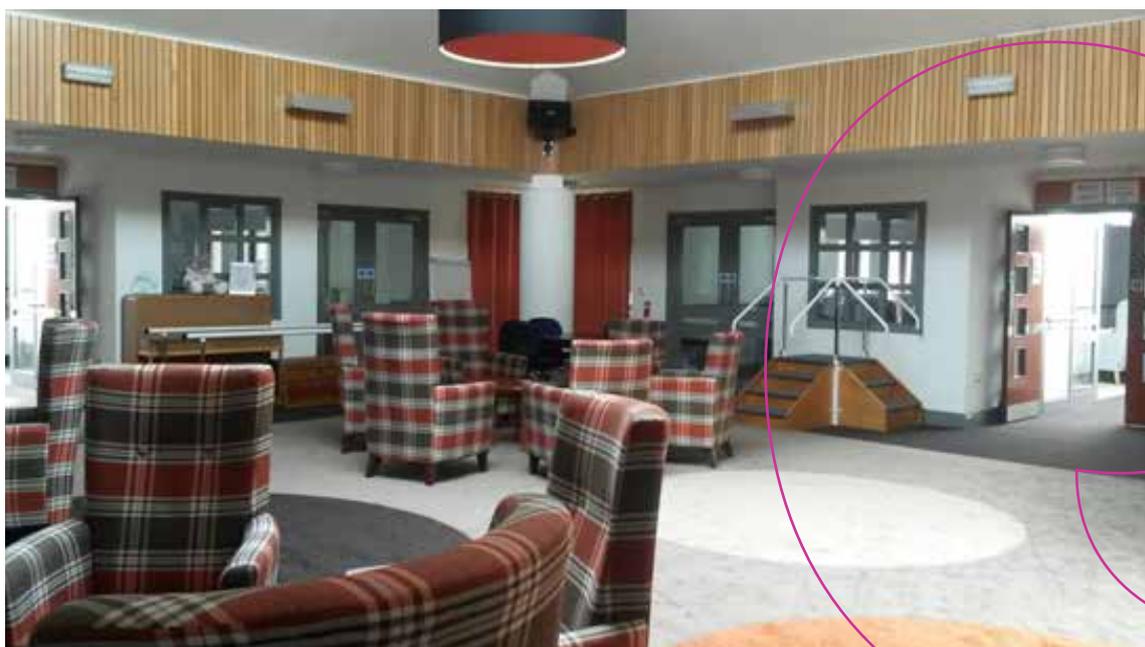
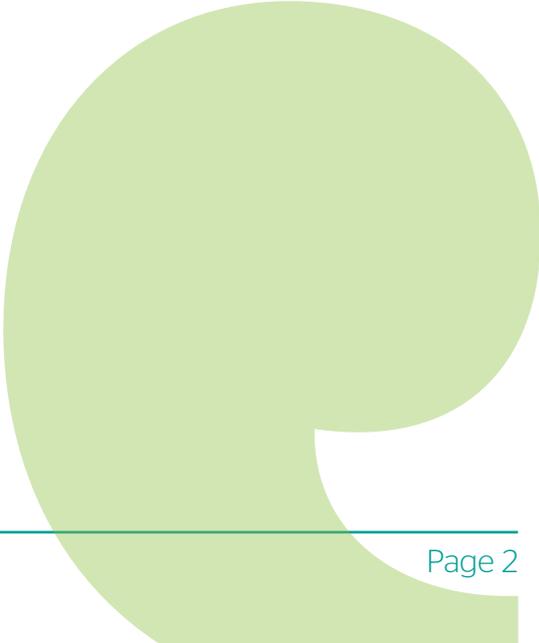


Table of Contents

Introduction	3
Reablement Hubs	5
Summary and recommendations	9
Safeguarding	10
Our Contact Details	10
Appendix I	11



Introduction

What is an Enter and View Visit by Healthwatch Liverpool?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. This assists us in our role as independent local champion for patients' rights regarding health and social care services (see the Appendix for more information). These visits are carried out by small teams of trained members of Healthwatch Liverpool staff and volunteers who observe health and social care services at work, for example at a GP practice, care home, or hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens at an Enter and View Visit?

During an Enter and View visit, we talk to people who use the service, whether patients or residents, and their relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. Observations and feedback from the visit are then collated in a report, which is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate. If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Details of the Enter and View Visit:

- 1) Name of the service:** Sedgemoor Care Home
Address: 41 Sedgemoor Road, Norris Green, Liverpool, L11 3BR

Date and time of visit: 18 May 2017, 2pm - 4pm.

The Healthwatch Team Members that undertook the visit were:
Sarah Thwaites, Julie Anderson and Laura Yallop
- 2) Name of the service:** Granby Hub
Address: 50 Selbourne Street, Liverpool, L8 1YQ

Date and time of visit: 23 May 2017, 10am - 12pm.

The Healthwatch Team Members that undertook the visit were:
Andrew Lynch, Julie Anderson and Laura Yallop
- 3) Name of the service:** Venmore Hub
Address: Hartnup Street, Liverpool, L5 1UW

Date and time of visit: 3 August 2017, 2pm - 4pm.

The Healthwatch Team Members that undertook the visit were:
Julie Anderson and Laura Yallop

These were announced visits. It was judged that announcing the visit on this occasion would enable us to liaise with the service provider to publicise the visit to the friends and families of residents, thus providing them the opportunity of informally advocating on behalf of those residents who, for one reason or another, may not be in a position to speak for themselves e.g. some residents who have dementia can find it difficult to articulate their views.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback. The Enter and View visits to Sedgemoor, Granby and Venmore Hubs were to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not directly in response to any prior feedback or concerns identified relating to the quality of this service.

Hospital Discharge Project

In addition to looking at particular services and how they work, we are also interested in how the health and care system functions as a whole. For the past 2 years, alongside our regular work, we have focused on hospital discharge, meeting with a wide range of partners and asking members of the public about their experiences. During this time the landscape relating to hospital discharge has changed considerably. Although there is still a way to go, there is now more coordinated activity and provision supporting people being discharged from hospital as well as preventing unnecessary hospital admissions in the first place.

For many patients with 'simple' needs, hospital discharge is relatively straightforward. They require little more than medication, discharge notes and follow up care instructions with any delays likely to be measured in hours. For other people, particularly the increasing proportion of patients who are frail and elderly with multiple health conditions, discharge is more complex. Considerable multi-agency work is required, delays are likely to be days or weeks and the risk of a breakdown in planning is not only higher but is likely to have far more serious consequences.

It became clear from discussions with partners, what a vital role the Reablement Hubs play in the safe discharge of patients with more complex needs who are medically fit for discharge, however need more intensive support to enable them to return safely home to live independently. We wanted to see first-hand how the Hubs operated, what we could learn from them about hospital discharge - where it works well, where it can be improved and the challenges that still remain to be addressed. The information gathered from these visits will also help inform the summary report which will conclude the Hospital Discharge project.

The Hubs are not care homes and have a very different purpose, structure, staffing and resident mix. This is reflected in the contrasting feedback we receive about the Hubs, which is overwhelmingly positive to that of care homes which is often highlighting concerns. We were therefore keen to see if this positive feedback would be confirmed when we spoke to service users at the Hubs and, if so, to see what, if anything could be learned and possibly shared from their experience.

Reablement Hubs

On our visits to the Hubs, we spoke to Norah Hartless, Manager at Sedgemoor, Julie, Team Organiser at Granby, and Christina O'Neill, Manager at Venmore.

Both Granby and Sedgemoor are purpose built and have 30 bedrooms, each with ensuite facilities. Both Hubs have a large communal atrium with the rest of the building divided into three units consisting of 10 bedrooms, with each unit sharing a small lounge. Venmore is set over three floors and has 25 bedrooms, only some of which are ensuite. At the times of our visits, each of the Hubs only had one bed available but had people waiting to be admitted. Beds at all three Hubs are constantly in demand.

The three Centres are Reablement Hubs where service users stay for only a limited period of time (typically 28 days or less) with a view to them receiving intensive therapy and then being discharged home. Some people with more complex needs will stay longer than the 28 days.

The majority of service users come from hospital although a small number come straight from home. Access to the Hubs is by referral only from Health and Care professionals.

The Hubs each have teams of Intermediate Care Physiotherapists, Occupational Health Therapists and Social Workers who work with people using the service. Having Social Workers located within the Hub makes it easier for them to work with service users and their families to arrange the right placement when leaving. Venmore also has a separate stroke team comprising of a Stroke Physiotherapist, Stroke Occupational Therapist and a Stroke Nurse. Prior to Sedgemoor being used for reablement, it was a care home primarily for people with dementia and it still has a higher ratio of service users with cognitive impairments in comparison with the other Hubs.

The Therapy team at the Hubs also work in the community, with the team at Venmore running a falls clinic which is open to people from the local area.

All three Hubs work with Brownlow Health who provide GPs who visit each Centre every Monday, Wednesday and Friday. Each service user is seen as a temporary patient and all notes are passed to their regular GP when they return home. The home uses Biodose from Dempsey's pharmacy for their medication. They find this allows the medication rounds to run smoothly and efficiently.

All three Hubs use the new care home telecare system, where a member of staff uses video conferencing to speak with a nurse via a laptop if a resident becomes unwell. The aim of the system is to help avoid unnecessary hospital admissions. We were told at Venmore that they send patient's notes weekly to the medicare team, who operate the telecare system, so they are available to the nurse should the Hub need advice about a service user. The manager told us that speaking with a nurse can offer reassurance to staff, and if needed, the nurse is able to make a clinical decision about a person and their care.

All three Hubs operate visiting times of 2pm-4pm and 6pm-9pm. At both Granby and Venmore, service users are asked to see their visitors in their rooms, whereas at Sedgemoor visitors are asked to see their relative or friend in the large communal area.

When asked about staffing, all three Hubs said this is stable, and they very rarely have vacancies. As the Hubs are Liverpool City Council (LCC) run, the pay and terms and conditions are good.

Training within the Hubs is ongoing and staff are constantly learning how to adapt to support people who might have additional needs they haven't encountered before, such as epilepsy, mental health issues and

learning disabilities. Medicine management is also a priority and all staff attend training provided by LCC. The manager at Venmore told us that training is responsive to the needs of the service users, so staff have recently had catheter and stoma care training and will attend PEG feeding training next week.

As the focus of the Hubs is reablement, formal activities for service users are not offered as they are only there for a limited time. The main priority is given to therapy sessions, which will take place in the morning, with staff working with service users on their exercises during the rest of the day. The Hubs have Wi-Fi, books, jigsaws, colouring books and a TV available in the lounge areas. There are no TVs in the bedrooms as service users are encouraged to leave their rooms and keep active. The manager at Sedgemoor told us that they have links with a local school and children sometimes visit, but they don't organise formal activities as they don't want people to become dependent.

Service users are offered a choice of meals and we were told that all cultural diets are catered for.

Quote from a staff member at Granby:

"I get up every morning happy to go to work, I love coming into work, I love the buzz of it all and enjoy the challenging people. I'm very person centred and always want the best from people."

Admission to the Hubs (usually from hospital)

For someone to be assessed as being suitable for admission to a Hub, reablement has to be their primary need and all others are secondary e.g. learning difficulties, mental health issues etc.

The key to effective assessment of someone's suitability for reablement is getting the correct information from the hospital and other professionals involved in the person's care. Currently the form used by the hospital is only two pages but is changing to four to ensure that the Hubs have sufficient information to decide whether they are the right place for a person, and that they can offer the appropriate support.

We heard examples of occasions when information provided in advance of admission was not accurate and key details were either missing or the picture of care needs was somewhat optimistic.

Getting the right information is crucial so appropriate equipment can be ordered, for example slings, and that the right staffing ratio is available to maintain balance in the Hubs. The manager at Sedgemoor explained to us that they have the capacity to support up to 6 service users who would need two members of staff to assist them, however, if they go over this number then the team are placed under more pressure.

We were told by all three Hubs that they would prefer hospitals to discharge people earlier in the day as when it happens later on, as is often the case, the service user is usually tired, anxious and hungry. The Hubs would also prefer discharges from hospital to be staggered, as the admissions process is involved and it is difficult to facilitate several patients arriving at once. As a result of this, the Hubs currently limit the number of admissions to two per day but the manager of Venmore and Sedgemoor said they could increase this to three if admissions were staggered.

When admissions aren't staggered, it places added pressure on staff, as it takes two to count in the new service user's medication. Also, admissions later in the day are more difficult as staffing levels are reducing for the night shift. All three Hubs said they would prefer people to be discharged from hospital with a week's supply of medication in blister packs. This would ease the admissions process as sometimes people arrive with carrier bags of medication, some of which is not included on their current prescription. As

noted above, all medication has to be counted in when a person arrives, so counting carrier bags full of medication is time-consuming for staff and makes the admission process longer.

All the Hubs record any admission and discharge issues they are having with other services, such as hospitals or domiciliary care agencies. These concerns are then escalated to the Clinical Commissioning Group (CCG) and discussed at Multi Disciplinary Team meetings (MDT). Safeguarding concerns are also reported to Careline as appropriate.

The manager of Venmore told us about a MDT panel meeting they have each week (including the CCG) where any problems are discussed. The Hubs also have a meeting once a month which includes staff from the Royal Liverpool Hospital to discuss any issues relating to admissions and discharges.

The manager at Sedgemoor reported that occasionally referrals from hospital requesting District Nurse involvement mistakenly states the person's home address and not the Hub. They now ask for a copy of the referral so they are clear that it's been correctly made and is in hand.

The manager at Venmore told us that service users are assessed within 48 hours of admission and are then reassessed before they leave to ensure the appropriate care package is in place.

Discharge from the Hubs

Most service users return to their homes with a care package in place, however, a small number are unable to needing to move to alternative accommodation, such as a care home. The manager of Sedgemoor told us that of their 30 current service users, 4 were going into residential care. Sometimes people do return to the Hubs if, for example they have tried to do too much at home and have a fall. We were told by Granby that they keep a bed open for 72 hours after someone leaves in case they need to return.

We spoke with staff at the three Hubs about potential difficulties when discharging people back into the community. There are some delays with packages of care being arranged for people returning home, but this is usually for those with complex care needs or for those who require two carers visiting them four times a day. Granby said it can be more difficult to arrange care for someone living in South Liverpool as most of the domiciliary agencies are located in the North. However, the manager at Venmore said that recently, arranging care packages has become easier as LCC have commissioned more providers, matching feedback that we have received from other sources.

The manager at Venmore said that Dempsey's pharmacy will arrange Biodose medication if the person can see their GP to get a consent form. This makes the discharge process from the Hub a little easier for some service users.

The manager at Sedgemoor told us that there are some delays when service users are being discharged into a care home as their family are given the current list of available care home beds with seven days to decide. It can be difficult for families to choose from the limited options, so a decision is rarely reached within this time.

The Home First Team, a support service for people who are being discharged from hospital are also helping to relieve some pressure, but always have a waiting list.

Feedback from Service Users

'Have your Say' forms are used by the Hubs to get feedback from service users when they leave the service. This feedback is shared with staff.

Feedback from residents, relatives and staff

What did residents, relatives and staff tell us?

Sedgemoor Hub

“Wonderful, everyone’s very good to me. Place ok, been in 4 - 5 weeks, but hoping to go home soon. Doing exercises to get better. Food beautiful, but fed up, want to get out.”

“Alright, good. Staff always doing something, getting dinner done. Food good. Singing. People are nice.”

“Came in yesterday. Place and staff lovely. Staff all good. Food horrible.”

“I’ve never been here before but I’m very impressed. The staff are excellent and the rooms are comfortable with lots of different things going on. It’s not like a hospital, it’s a rehabilitation centre. I’ve been here just over 4 weeks; I fell down the stairs at home and was in Aintree for three days. The staff work hard. I’m waiting for a care package, I need some help to get up and get dressed. The food is lovely, I have cereal for breakfast, I have lunch and they give us teacakes.”

“I’m going home in 9 days, I’m waiting for adaptations. The council have to put them in. My family come in to visit me a bit. It’s not too bad, at first they wouldn’t let me go out for a smoke and they put patches on me but I would prefer chewy. I’ve got to do the exercises; I’m waiting on an operation. I didn’t like the staff at first but I’ve grown to like them - it’s alright now. I don’t like the food; I just eat sandwiches and teacakes. I’m looking forward to going back home.”

“It’s a nice place and the staff are very obliging. I can’t criticise, I get by. Staff are friendly; they are nice people and not a bit bullying. I’ve been in here about 4 months. If I had to come back here again I would, but I hope I don’t.”

Granby Hub

“They are lovely here, very good. I saw the doctor yesterday and I am going to be assessed by the nurse today. All my meds are OK. I didn’t know this place existed. They do the exercises, it can’t be any better.”

“I can’t fault the staff or the general amenities. The infrastructure is adequate and I have no complaints or concerns but if I did have a problem, I can speak to the staff. The rooms are excellent. The food is good but there could be more variety, as if you don’t want the main item on the menu the only alternative is sandwiches. The medical support available is good. We see the GP 3 times a week and the nurse regularly. The only thing that I would improve is that the bed window could be wider. It is 28 days. Ideally I would have liked a bit more flexibility to stay longer to get the full care package in place for me to go home.”

“It’s lovely, everything is good the food, the cleanliness. I’ve been here four or five weeks. Julie is a lovely person. I thought I would do physio, I haven’t done any but the girls do exercise with me. I still need some help getting up. I get on well with all the staff.”

Venmore Hub

“Disappointed, been in and out of Hub for the last 2 years. Currently been at the Hub for 6 weeks. No date yet to go home.” Person said that exercises are, “few and far between”, but he is “getting better”. Staff were described as “alright”, food as “good” but he would like to “get out over the door”. He was being discharged to a residential home but said that everything was at a standstill.

“It’s brilliant especially after 5 weeks in the Royal. Staff are friendly, it’s clean. I had a hospital appointment on Tuesday, the staff at Venmore arranged an ambulance to take me but they just sent a cab when what was ordered was an ambulance with a wheelchair. I couldn’t miss it so I went but it was difficult.”

“No it’s all clean, nice, everything. I’m looking forward to getting home, I should be going next week, they are just doing some work on the house. I’ve got a District Nurse coming out to see me. I need a pacemaker but I have to wait until some of my other problems are sorted so I have cardio appointments.”

“When I was discharged from the Royal I got out at 6pm, they sent no paperwork with the driver and couldn’t confirm if I had had my evening warfarin or not. It’s the system, they are so busy, they try to spend as much time with patients as they can but they are run off their feet. We all have to do the group exercises” - at this point a member of staff walked into the lounge to start an activity and she said “my motto is use it or lose it”. We observed friendly banter between the staff member and the service user, who finished with “No it’s pretty good.”

Summary and recommendations

Summary

We were pleased with the quality of care and environments observed. We saw friendly interactions between staff and service users. After speaking with some of the service users, they were also happy with the care given. There is a clear focus around helping people to return home so the care feels purposeful and productive.

We were pleased with the quality of care and environments observed. We saw friendly interactions between staff and service users.

All the Hubs have well-staffed, stable, trained teams who receive better pay and conditions than their equivalents in care homes. There are obviously clear advantages in having a stable work force. We frequently hear from care homes about retention issues and of the difficulties of developing and maintaining skill levels amidst high staff turnover. It was pleasing to learn that this is not the case at the Hubs.

Our Recommendations and Requests

We have no recommendations to make of the Hubs.

The visits have however highlighted some points of interest which we will explore with partners and include where appropriate in our hospital discharge report.

We will:

1. Watch with interest the roll out and impact of the care home telehealth project
2. ii. Talk to partners about the potential for more local care settings to make use of Biodose to aid efficiencies and help reduce the risk of medication errors
3. Highlight the importance of hospital discharge information being accurate and reliable if discharges are to be appropriate and meet the patient's needs
4. Highlight the considerable advantages that come from having a stable staff and management team in terms of consistency of care, training and leadership. This is not something that could easily be replicated by care homes but, without it, it is difficult for quality care to be sustained
5. Discuss with partners the following potential ideas for the Hubs to make an even bigger contribution to the discharge process:
 - Hubs potentially admitting more people per day if discharges could be spread over the working day
 - One or more of the Hubs to have the capacity to admit more patients who require the assistance of two carers to mobilise. This is the most difficult group to discharge into any setting so are likely to remain in hospital the longest. If organisational issues could be overcome to facilitate this, it would almost certainly be cost-effective for the system as a whole

Safeguarding

Enter and Views visits are not intended to specifically identify safeguarding issues. If, however safeguarding concerns arise during a visit, they are reported in accordance with our safeguarding policy on the same day. The Local Authority will also be notified on the same day.

There were no safeguarding concerns identified during our Enter and View visit.

Our Contact Details

Get in touch if you have any questions or feedback about health and care services in Liverpool:

healthwatch
Liverpool

Call: 0300 77 77 007

Text / WhatsApp: 07842 552 878

Email: enquiries@healthwatchliverpool.co.uk

Write: 4th floor, 151 Dale Street, L2 2AH

Website: www.healthwatchliverpool.co.uk

Twitter: [@HW_Liverpool](https://twitter.com/HW_Liverpool)

facebook.com/HWLiverpool

Appendix I

Healthwatch Liverpool - Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act (2012) and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided. We enable people to share their views and concerns about local health and social care services to help build a picture of where services are doing well, and where they can be improved.

Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool and assist us in carrying out our statutory functions under the Health and Social Care Act (2012). Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We seek to identify and share good practice wherever possible. However, if during a visit, we identify any aspects of a service we have serious concerns about, then these are referred to the appropriate regulator or commissioners for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool please visit our website www.healthwatchliverpool.co.uk or contact us using the details in Section 7 of this report.