

# Service user's experiences of the Intensive Rehabilitation Team

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# Foreword

In this report Healthwatch present and discussed the findings from our view of the Intensive Rehabilitation Service.

The report is a representation of service users who responded and contributed to the project. These comments and views may not represent the views of all individuals who have accessed the service.

Healthwatch Barking and Dagenham are the voice of local people, groups and networks. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of a consultation.

# Acknowledgements

We would like to thank Intensive Rehabilitation Team for their support with this project and the individuals to who took the time to contribute and share their views.

# Background

In January 2014, Healthwatch Barking and Dagenham were commissioned by Barking and Dagenham Clinical Commissioning Group to run workshops on the two new pilot services; the Community Treatment Team and the Intensive Rehabilitation Service. The workshops gave local people and organisations a chance to understand the new services and share their views and any concerns.

Since the event Healthwatch received concerns about the service not working as well as it should; including patients being not given the right support whilst they are at home and being made to feel that going home and receiving treatment at home would be the best option for them.

Therefore the Intensive Rehabilitation Service was chosen to be part of the Healthwatch work plan. We looked at the patient experience, focusing on how the service is working and how service users feel about having treatment at home.

# Intensive Rehabilitation Service

This team consists of nurses, occupational therapy staff, physiotherapy staff and rehabilitation assistants. It aims to provide an alternative to admitting patients to an inpatient unit for rehabilitation by supporting people within their own homes where appropriate.

The team helps to enable discharges from hospital and reduces the risk of a hospital admission to people in the community, by providing intensive rehabilitation in the patient's own home.

The team complete an initial assessment, to agree the needs and goals of the patient. After this the therapy begins.

The in-home support provided is intensive and involves between one and three home visits each day, depending on the patient's needs. The service operates from 8am - 8pm, seven days a week.

The IRS team accepts referrals for people aged 18 and above who live or are registered with a GP in the area and have an intensive rehabilitation need. Offering IRS means that admitting someone to a community inpatient unit will not be the default option and individual needs and choice can be considered.

## **How can I be referred to IRS?**

You can be referred to IRS in the following ways:

- by any healthcare professional
- by your GP
- self-referral, by contacting the IRS team

# Summary

Healthwatch undertook this project after concerns were raised from service users and families about the unmet needs of the service. These included concerns on whether service users want the service at home, if it will meet their needs and will there be enough physiotherapists to go around.

However whilst undertaking the project Healthwatch found that overall the service is working well, with only a few exceptions. It seems that the initially issues have been resolved as the service has evolved.

From the 74 respondents 85% were happy with having the service at home. Furthermore over 91% of respondents indicating that they would be happy to be treated by the Intensive Rehabilitation Service again in their home. This percentage indicates that the service is working well for those who receive it.

Overall 75% of the respondents who have been under the IRS were satisfied with their treatment and felt it was effective. However a small percentage felt the treatment was only effective whilst receiving it and that it had not had a long term positive effect.

Most of the respondents were happy with the services they received from the physiotherapist, occupational therapist and the nurses and commented that staff were professional and kind. There were a few issues highlighted with nurses not turning up on time or not turning up at all.

From the 33 individuals who needed equipment, 76% felt equipment needed to help with their recovery was brought in a timely way and 7% felt the some of the equipment was brought in a timely way.

The feedback indicates that the service is working well with a few exceptions. NELFT should know that the IRS is working well in the vast majority of cases and has been well received by those who have used it.

# Methodology

When looking at a service Healthwatch Barking and Dagenham asks the opinion of as many patients or service users as possible. This provided a snapshot in time reflecting only the views of those who choose to engage with us.

The survey was distributed to 500 individuals who have been treated by the Intensive Rehabilitation Service. We also used social media to encourage people to respond.

The project received 74 completed questionnaires back.

To enable respondents to take part, without the fear of their personal details being shared or it have an impact on the services they receive Healthwatch explained the following:

- Healthwatch Barking and Dagenham is all about local voices being able to influence the delivery, design, quality and standard of local health and social care services and that their view is important and will help to ensure that views of service users are forwarded to relevant organisations involved in delivering those.
- Participation is voluntary, and individuals are not required to answer any questions that they do not want to, it was also made clear that participation or non-participation will not affect access to the service they are currently receiving.
- All the information collected will be kept strictly confidential, however if they would like a copy of the final report then they are welcome to give their details.

# Experiences of service users

Did the Intensive Rehabilitation Service (IRS) become involved with your treatment as part of your discharge from the hospital?

	Yes	No	DNA	Total
Number	64	10	0	74
%	86%	14%	0	100%

From the 74 respondents, 86% said the Intensive Rehabilitation Service become involved with their treatment as part of their discharge from hospital. We find later in the report that most of the patients were happy with the care provided and it had a positive impact on their recovery.

From the feedback 36 people (49%) also commented on the fact that Intensive Rehabilitation Service became involved with their treatment as part of their discharge from hospital, to enable them to go home and have rehabilitation at home as a mean of helping them stay out hospital.

Comments from respondents

- “The IRS got involved because I was feeling better but needed some more physiotherapy”.
- “The IRS got involved so I don’t have to go into hospital, this was better for me and my family. I didn’t want to be in the hospital.
- “ My mobility has got better and I did not have to stay in the hospital as the services came to me once I well enough to go home”

Who were you refereed by?

	GP	Hospital Staff	Another Health Professional	Self Referral	Total
Number	11	55	6	2	74
%	15%	74%	8%	3%	100%

The figures indicate that most (74%) of the individuals were referred by a hospital staff member. Only 15% were referred by their GP and 8% by a health professional. There were only 3% of the individuals who had self referred. This seems low and Healthwatch would be interested to know where and how the service is being advertised.

**Can you briefly describe your condition? E.g. recovery from broken leg, Recovery from hip replacement etc...**

	Hip replacement	Falls	Fractured Hip	Back issues	Broken leg	Stroke
Number	9	4	3	3	2	3

There were over 15 conditions that respondents told us about. The six most common ones have been highlighted in the table. Other conditions included chest infection and phenomena, severe sciatica, neck operation, recovery of sepsis, pressure sores and knee replacement.

**Which service did you receive?**

	Nurse	Physiotherapist	Occupational Therapist
Number	31	52	28
%	42%	70%	38%

Generally patients were happy with the services provided. Overall respondents indicated that the professionals were nice, helpful and professional.

Overall respondents were happy with the physiotherapists apart from two people who felt their treatment could have been longer. Respondents said occupational therapists provided a good service, however one individual said that the therapist failed to turn up and nothing was delivered that helped her.

There were 4 people who were very unhappy with the services provided by the nurses. Respondents commented that the nurses were unreliable with their timings and sometimes did not turn up. This was highlighted a few times and indicates that there is a problem.

Comments from respondents

- 🌱 “Nurses turned up for the first week and then never turned up, had to ring them”
- 🌱 “Nurse was extremely nice and came to change my dressing as required”.
- 🌱 “Nurses were all very nice”.
- 🌱 “Nurses said they would come at a certain time but didn’t end up coming or were always late”
- 🌱 “Occupational therapist and physiotherapist was very effective and attended most days over three week period”
- 🌱 “Occupational therapist was kind and patient and professional and understanding”
- 🌱 “The physiotherapist was great. Got me mobile”
- 🌱 “I would like it if the district nurse (I know they are very busy) if they could state morning or afternoon visits. Some days we waited in all day not going whether they would turn up and they let us down on several occasion (a phone call would have been nice)”
- 🌱 “Just that I am grateful for the NHS and the brilliant team of physio who help me on my road to recovery”

**Were you happy to have the treatment in your home or do you think it would have been more suitable to have it in a clinical setting?**

	Yes	No	DNA	Total
<b>Number</b>	<b>63</b>	<b>3</b>	<b>8</b>	<b>74</b>
<b>%</b>	<b>85%</b>	<b>4%</b>	<b>11%</b>	<b>100%</b>

Over half (85%) of respondents were happy with having their treatment in their home and gave positive feedback. Reasons for this included: not having to be treated at hospital when they could be home, getting use to the home environment and not having to travel far.

- 🌱 “Very happy”
- 🌱 “I was more than happy having treatment at home”

🌱 *“Very happy to have treatment at home as I have a number of chronic illness including chronic fatigue so treatment more effective because the journey to treatment centre make me exhausted”*

There were a small percentage of respondents who were unhappy with the treatment being undertaken at home. All three individuals had different reasons for their response.

🌱 *“There was not enough equipment at home to help with the recovery”*

🌱 *“Physiotherapist was attentive however occupational therapist did not deliver anything to suit my needs including not arriving on days specified and failure to provide help needed”.*

🌱 *“The treatment and care was terrible by nurses and carers (who we cancelled after 3 days)”*

### Were you involved in making the decision about what your needs and goals were?

	Yes	No	Partly	No comment	Total
Number	49	11	8	6	74
%	66%	15%	11%	8%	100%

It’s clear from the findings that the vast majority of service users were involved in making decisions about their recovery and consulted as to about what their needs and goals were. There was 11%, who indicated that they only felt partly involved, these individuals highlighted that they were not involved when they were ill and only when they were recovering. They would have liked to be involved from the beginning. This shows professionals need to ensure that patients are involved if they wish to be.

The service users (15%) who felt there were not involved, was due to family members making the decisions. Feedback shows that they would have liked to be involved once they felt a bit better.

🌱 *“Partly”*

🌱 *“My daughter (my carer) was”*

🌱 *“Fully”*

🌱 *“Yes definitely”*

- 🌱 *“The needs were discussed with my son”*
- 🌱 *“The family made decisions and did all the caring 24 hrs a day”*
- 🌱 *Yes the centre of decision making*

If you needed equipment, was this brought to you in a timely way? If not how long did you have to wait?

	No comment	Yes	No	Partly	Total
Number	3	25	1	4	33
%	9%	76%	3%	12%	100%

Feedback shows that over half of the respondents (76%) were happy with the equipment and it was brought to them in a timely way.

- 🌱 *“Yes - walking frames and walking sticks provides by hospital and bought home to me. IRS took frames back when no longer needed”*
- 🌱 *“I didn’t need any equipment”*
- 🌱 *“Equipment was supplied in time”*
- 🌱 *“Yes day I was discharged from hospital”*
- 🌱 *“Equipment was delivered straight away for me to use”*
- 🌱 *“Had another handrail fitted on stairs which had been a great help thank you”*

However 12% were only partly satisfied with the service, some of the respondents told us why they felt this way:

- 🌱 *“Bathroom chair arrived before discharge - not needed or suitable for my bathroom - no room Zimmer frame never used had walking stick Chair raised too high never used”*
- 🌱 *“Equipment came once I was discharged from hospital”*

Do you think the overall treatment was effective and has improved your condition?

	Yes	No	Partly	No comment	Maybe	Total
Number	56	5	5	6	2	74
%	75%	7%	7%	7%	8%	100%

A large majority 75% of respondents felt that the overall treatment by the Intensive Rehabilitation Team was effective and improved their condition. For those who felt that the treatment was effective, there were positive comments.

- 🌸 *“The level of treatment which I was given was very good”.*
- 🌸 *“Yes brilliant staff”*
- 🌸 *“Very effective I definitely improved”*
- 🌸 *“Excellent helped recover more quickly”*
- 🌸 *“I think the treatment is proving effective”*
- 🌸 *“I am now able to walk without stick in six months”*

There were a few expectations to this, some participants who felt that the treatment had only partly helped their condition. Those individuals told us why they felt this way. There was no common theme.

- 🌸 *“Yes but has deteriorated, needed more long term therapy to keep improvement. Condition has got worse where treatment stopped”.*
- 🌸 *“It had improved the problem at that time”.*
- 🌸 *“In hospital - yes”*
- 🌸 *“The overall treatment was effective, but very limited in service and capability.”*

From the 7% who felt that the treatment was not effective and did not impact on improving condition, commented on why they felt this way. There was no common reason.

- 🌸 *“No there was not enough time”*
- 🌸 *“No, it hasn’t improved my condition it was just to learn to adapt after hospital care to a home environment”*

Would you be happy to be treated by the Intensive Rehabilitation Service in your home again and in the future?

	Yes	No	Yes but only physiotherapist	No comment	Total
Number	67	3	3	1	74
%	91%	4%	4%	1%	100%

Looking at the overall feedback it's not surprising that 91% of the patients would be happy to be treated by the Intensive Rehabilitation Service in their home in the future. There were a few exceptions, 4% said they would only want the physiotherapy part at home as they felt that the other services were not so good and 4% told Healthwatch they would not like to be treated by the IRS in their home again.

#### Respondents

#### Comments from respondents

- 👉 *“Absolutely”*
- 👉 *“Would be very happy to have it at home by this team”*
- 👉 *“Definitely brilliant service”*
- 👉 *“Yes by physiotherapist only”*
- 👉 *“No because the nurses don't turn up”*
- 👉 *“No with the exception of the physiotherapist”*

# Conclusion and recommendations

In conclusion feedback from the service users shows that the service is working well. Individuals are being referred for a number of health issues and overall most are happy to be treated at home. However there are a few exceptions to this, including the timings of when nurses visit the patients, patients feeling that their therapy is needed for longer and patients not always being involved in decision making. Taking into consideration the feedback Healthwatch would like North East London Foundation trust to consider the recommendations below.

*Recommendation 1: Although most people felt involved in setting their goals to recovery, a small percentage of respondents felt they were only partly involved or not involved at all, therefore Healthwatch recommend that during staff briefings, management brief staff on the importance of the patients being involved and having their say with the treatment.*

*Recommendation 2: Individuals commented on the fact that on some occasions nursing staff either do not turn up or do not tell patients whether they will be coming in the morning or afternoon. Although this feedback was from a small percentage of people, Healthwatch recommend that the IRS management look into the matter, ensuring that all patients are offered either an appointment time or a session in the morning or afternoon. Furthermore nurses need to ensure that patients are contacted if they are unable to keep an appointment.*

# Demography

Some individuals did not complete an equality form.

## Gender

	Male	Female	Prefer not to say
Number	17	43	5

## Age

	35 - 44	45 - 59	Over 60 years	Prefer not to say
Number	2	6	53	4

## Sexual Orientation

	Heterosexual	Bisexual	Prefer not to say
Number	43	2	20

## Disability?

	Yes	No	Prefer not to say
Number	39	20	6

If you are disabled, please tell us what your impairment is?

	Number
Visual	6
Hearing	9
Learning Disability	1
Mental Health	1
Mobility (a wheelchair user)	10
Mobility (not a wheelchair user)	24
Prefer not to say	1

### What is your religion, faith or belief?

	Number
Hindu	1
Christian	55
Prefer not to say	6
Others	2
Roman Catholic	1

### How would you describe your ethnic origin?

	Number
British White/English	54
Irish White	3
Asian/Asian British - Indian	1
Black/Black British - African	1
Prefer not to say	6

## B&D HEALTHWATCH ACTION PLAN - Service Users' experiences of the Intensive Rehab Service

HEALTHWATCH CONCERN	ACTION	OUTCOME	LEAD	TIMEFRAME	RAG
<p>1. On some occasions nursing staff either do not turn up or do not tell patients whether they will be coming in the morning or afternoon.</p> <p><i>"I would like it if the district nurse (I know they are very busy) if they could state morning or afternoon visits. Some days we waited in all day not going whether they would turn up and they let us"</i></p>	<p>I believe there may be confusion with district nurses who are known not to be able to provide timings. This concern may be inaccurate and not a true reflection of IRS nurses.</p> <p>IRS nurses also wear similar uniforms to district nurses.</p> <p>To ensure that this is not the practice with IRS nurses, this will be feedback to them.</p>	<p>Informed IRS nurses in 1:1 by nursing lead</p>	<p>Sharon Maynard- IRS nurse</p>	<p>5<sup>th</sup> March 2016</p>	<p>IRS Nurses aware and will provide clarity to patients /carers that they are from the IRS team. Team leaflets are left with patients detailing the service.</p> <p><b>Completed 21<sup>st</sup> March 2016</b></p>
<p>2. Although most people felt involved in setting their goals to recovery, a small percentage of respondents felt they were only partly involved or not involved at all.</p>	<p>To ensure involvement of goals, a patient's signature is on the initial assessment form to sign to agree to goals.</p> <p>This will be addressed in supervision with staff</p>	<p>Supervisors to review goals are signed in 1:1s</p> <p>To be feedback in team meeting on the importance of the patients being involved and having their say with the treatment.</p>	<p>All supervisors</p>		<p>Discussed in IRS team meeting and all staff reminded to ensure the joint goals with the patient are signed off by the patient.</p> <p><b>Completed 21<sup>st</sup> March 2016</b></p>

**Manager responsible:** Lavanyah Sethuraman    **Location:** Havering ICD    **Updated to:** Debbie Feetham  
**Date updated:** 02.03.2016    **Updated by:** L.Sethuraman

 Unable to/not progressed	 1. commenced	 2. full progress	 3. nr completion	 Completed or resolved
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