

**The experiences of Bexley residents
leaving hospital through the Discharge to
Assess and Reablement Schemes**

June 2019

Contents

1. Executive Summary.....	3
2. Key Findings	3
3. Introduction	4
4. Methodology.....	6
Sample.....	6
Limitations.....	6
5. Results of the survey.....	8
6. Conclusion.....	18
7. Recommendations	19
8. References	20

1. Executive Summary

This report presents the findings of a small snapshot study into the experiences and views of 41 residents in Bexley, who were discharged from hospital between May 2018 and February 2019 under the Discharge to Assess (D2A) and Reablement schemes.

Bexley Care have developed 2 pathways of D2A from hospital to home. Conventional D2A is provided for people who have been discharged from hospital with new or changed care needs while Reablement D2A is provided for people who have been discharged from hospital with new or changed care needs and potential for recovery.

2. Key Findings

- 85% of clients stated they felt ready to leave hospital when they were discharged.
- Three quarters of clients rated the quality of care they received after discharge as either 'good' or 'very good'.
- 85% of clients felt that their views were taken into consideration when the social worker came to talk about what help they might need.
- 85% of clients thought that the help they received covered their care needs at home.
- Only 17% of clients had been re-admitted to hospital in the past 3 months.

Healthwatch Bexley would like to thank all the Bexley residents participating in the D2A scheme who shared their experiences with us.

3. Introduction

Definition of 'Discharge to Assess':

“Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person”

NHS England – Quick Guide: Discharge to Assess

Unnecessary delays in discharging older patients from hospital is a systemic problem with a rising trend. The National Audit Office reported that between 2013 and 2015 recorded delayed transfers of care (DToC) rose 31 per cent and in 2015 and accounted for 1.15 million bed days. For older people in particular, we know longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. Wherever possible, people should be supported to return to their home for assessment.

To achieve a successful discharge to assess service in Bexley, the objectives were:

- Improve patient flow and reduce DToC.
- Prevent acute hospital beds from being occupied by people who no longer needed to be there.
- Support patients to go home from hospital, allowing time for further recovery.
- Ensure patients are not pressured into making decisions about long term care in an acute setting.
- Ensure better coordination of care through integrated teams.
- Improve patient experience and outcomes with more people able to live independently at home.

**The system wide challenge to achieve a successful D2A service in Bexley, The Kings
Fund Outstanding Social care Conference, December 2018**

Discharge to Assess (D2A) in Bexley began as a pilot in one ward of the Queen Elizabeth Hospital Woolwich, in September 2016. Figures given to us from the Interim Head of Integrated Rehabilitation at Bexley Care show that so far, 3219 people have received packages of care under D2A and been assessed in their own homes rather than in hospital. This has led to people going home an average of five days earlier than they would have done prior to the programme.

Figures received with regards to Reablement activity, show that between October 2018 and March 2019, 1032 referrals were received by the Reablement team from both the hospital pathway and community pathway.

The success of the scheme has now led to its roll out to all wards at Queen Elizabeth Hospital, Darent Valley Hospital and the Princess Royal University Hospital.

4. Methodology

This survey is based on mainly qualitative data, which was captured through a structured questionnaire developed by Healthwatch Bexley (consisting of 15 questions). Qualitative social research has a rich and varied history, offering alternative methodologies in the investigation of human society; in particular this perspective offers an excellent opportunity to explore social processes from the perspective of the subjects involved. Ethical issues were considered in depth by the Healthwatch team before, during and after the study.

It is important to note that there is no systemic attempt to produce a generalisable sample from this work as the sample of interviews undertaken were very small and interpretations are only related to this study. This study is therefore not primarily concerned with, and will not have, 'good external validity'. As a result, the findings cannot go beyond the research undertaken (Glaser 1978, 1998).

Sample

Healthwatch Bexley were provided with a randomly selected list of clients that had been discharged from hospital since May 2018. They had all been discharged through the conventional D2A pathway by the Bexley Hospital Integrated Discharge Team Service Manager. The Community Assessment & Rehabilitation Team Reablement Operational Manager provided a smaller list of clients whom had verbally given permission for Healthwatch to contact them.

Limitations

Many clients were not home when we telephoned, several declined to take part and others did not remember the details of their discharge, however 41 people were successfully contacted by telephone and the survey was carried out with either directly with them or a family member.

21 of the service users we spoke to had been discharged from hospital under the Reablement D2A pathway and 20 from the Conventional D2A pathway. If during our conversations with clients, Healthwatch Bexley had any concerns regarding safeguarding

issues, they were addressed and resolved immediately with the family and Care Providers involved, in line with our Safeguarding Adults Policy.

Great care was taken to ensure that this study was non-obtrusive and supportive. Voluntary participation and confidentiality were emphasised from the start, and the research team made it clear that participants could withdraw at any stage.

It is anticipated that the information gained from this research may lead to the formulation of further research and contribute to the wider discourse related to hospital discharge, well-being and alternative pathways and strategies to positive health and well-being for those discharged from hospital.

5. Results of the survey

Question: What time day and time of the week were you discharged from Hospital?

Out of 41, only three were discharged from hospital over a weekend, with another three stating they had been discharged in the morning. The majority of people we spoke to appear to have been discharged from around midday onwards, Monday to Friday.

Question: Did you feel ready to leave the hospital when you were discharged?

15% stated that they did not feel ready to leave hospital at the time of discharge and others that were ready commented that things were very rushed.

- *“We did not feel Mum was ready to leave, she was unsteady on her feet and her walking was poor, even though she had been in Eltham Community Hospital for rehabilitation”*
- *“No, my mind wasn’t clear enough, but QE Hospital needed my room/bed.”*
- *“Not really, would have preferred him to stay in longer. The Physio said he could walk 30 metres, but he can’t. I asked if he could go to Meadow View for rehabilitation, but they said no.”*
- *“I didn’t feel ready to leave, but the hospital needed the bed. I felt I would be a burden on my children. As a care package had not yet been put in place when I left, my daughter had to sign a form to say she would take care of me at home.”*
- *“Yes, but discharge was all very rushed. I had no information on what time leaving, then suddenly I was told I was going. Staff were packing up my things, shoving them in bags and then I was hurried into the discharge lounge. My family have wrote a letter of complaint to QE Hospital, but still waiting for a reply.”*
- *“Mum wanted to go home, but didn’t really know what was happening. Daughter said ‘mum was confused by all the commotion and everything suddenly became rushed. Mum responds better in a calmer atmosphere, she was just told you are going home, with her Dementia she needed a calm unrushed explanation.’”*

Question: Before leaving hospital, did staff clearly explain to you what to expect when coming home?

80% of respondents stated that staff had explained to them what would happen when arriving home, however, 15% said 'No' and 5% said 'Not sure'.

- *"They did and it was all in place."*
- *"Yes, very thorough."*
- *"Yes, made aware of changes that needed to be made at home, e.g. sleeping downstairs, equipment needed like a commode."*
- *"Not really, all chaotic and rushed. Nobody sat her down and explained what would happen, just you're going home. It was all very rushed and pressurised for the family as well. We knew care was going to be put in place, but no one explained about D2A. No explanation of the D2A scheme and why she was on it."*
- *"No, but 2 people showed him how to use crutches."*

Question: Were you visited at home by a member of the Discharge to Assess team within 3 days of your discharge?

This question seemed quite difficult for people to answer or remember the answer to. 51% said 'Yes' they had been, 12% said 'No' and 37% said 'not sure/can't remember'.

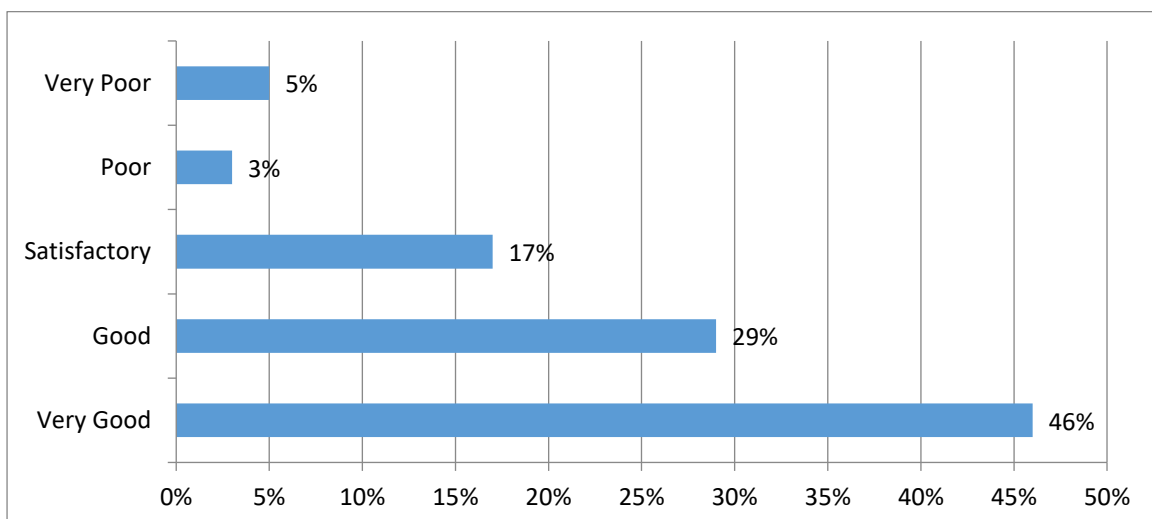
- *"Yes, but they arrived too quick, I had only been home about an hour and wasn't really sure what help I needed at that point. They came back at a later date."*
- *"Not sure, but Home Help came after discharge for about 9 days."*
- *"No, but they phoned about a week later, but everything was in place by then."*
- *"Yes, on the same day."*

Question: Do you feel that your views were taken into consideration when the social worker came to talk to you about the help you might need?

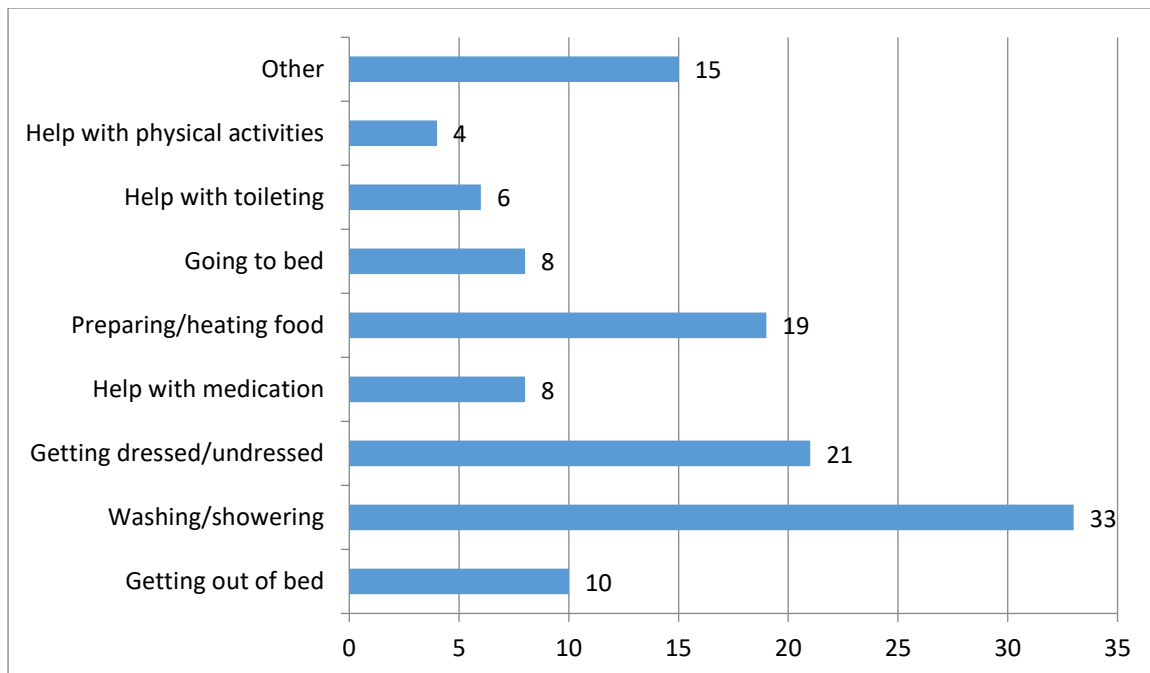
85% of clients stated that their views were taken into consideration, with 12% saying 'No' and 3% saying they were 'Not sure'.

- *“Yes, the Social Worker was brilliant.”*
- *“Yes, my son told them there was no way I could get upstairs, so they arranged for me to have a bed downstairs. Kings also arranged for a lovely Physio to visit me at home, I am currently housebound, but getting much stronger.”*
- *“Yes, the Social Worker was very good. Got equipment for my husband, like a recliner chair.”*
- *“Yes. Myself, Reablement Team and carers decided what I needed, like a grab rail installed in the shower.”*
- *“Yes, I was left with leaflets and details of people to contact.”*
- *“Very good and sufficient information given.”*
- *“No, it was just a form filling exercise.”*
- *“I was told my husband was going to have Reablement, but now he needs constant carers. What is Reablement?”*
- *“No not at all, very business-like and abrupt.”*

Question: Overall how would you rate the quality of care you received at home once discharged?



Question: What kind of activities do you get help with?



Activities that were included under the label 'Other' were things such as; Washing Up, Housework, Laundry, Making and changing the bed, Putting the rubbish out, Help putting on support stockings, Help applying cream and Help brushing teeth and hair.

Question: Do you think the help you receive covers your care needs at home?

85% of clients responded 'Yes' to this question, with 10% stating 'No' and 5% stating 'Sometimes'.

- *"Help 4 x a day which covers basic health and hygiene needs, but not mental or emotional needs. I (daughter) pay for Evergreen Befriender to visit for "emotional and mental wellbeing."*
- *"No. If they spent the full time with me (1/2 hour), they could have helped with unloading the washing machine and helped with other things."*
- *"No. They are supposed to come for an hour in the morning to provide breakfast and personal care, but this never happens, lucky if they are there for 15 minutes. Mum gets fed up waiting and now gets washed and dressed on her own."*
- *"Not always, depends on which carer visits. Sometimes the carers are late, arriving about 11am, this then clashes with the lunchtime carer arriving."*

- *“No, carers were offered and we tried them for a week, then rejected them as times available did not fit with our routine.”*
- *“Yes. Now my 6 weeks are over, I pay for a carer to visit me Mon/Wed/Fri in the morning for 45 minutes to visit and help me shower.”*
- *“Yes, paying for the carers now.”*
- *“Yes, I did miss them when they stopped coming (had to use a commode as could not get to the bathroom), but cancelled the carers due to the cost, can't keep on paying and needed the money.”*
- *“Yes, sometimes they do too much!”*

Question: Does the care provided help you feel safe and secure?

83% of clients responded 'Yes' to this statement, 12% stated 'No' and 5% stated 'Sometimes'.

- *“Yes – although the first carer was intimidating, so I asked for a replacement who was much better.”*
- *“Mostly yes, but the key safe no. They arranged for me to have a key safe installed, but it was not put on very well, seemed easy to open and this therefore made me feel nervous, so I stopped using it.”*
- *“Most care is provided by the family.”*
- *“Yes, feel safe indoors, although don't go out now.”*
- *“I was given a small hoist to put my foot in, to aid getting into bed. When the first set of carers came and I was not paying, things seemed very rushed with washing etc. Once I started paying, things became a little better.”*
- *“Yes, the carers always ask if I have eaten and ask what they can do.”*
- *“No real benefit, as husband did it all.”*

Question: Do you feel that you are being treated with dignity and respect?

This question received a 100% 'Yes' from all respondents.

- *"I had 2 different Carers and they were both really nice."*
- *"Very much so."*
- *"Yes, the girl was excellent."*
- *"Yes, but Carers need to explain what they are about to do more."*

Question: Do you receive any other help on a regular basis?

Only three respondents stated that they did not receive any other help on a regular basis.

Other respondents that stated 'Yes', received help from Family members, Friends and Neighbours.

Question: If you answered 'Yes' to the above question, has your family/carer been offered a Carers Assessment?

Only 3% of respondents answered 'Yes' to being offered a Carers Assessment, with 93% stating 'No'.

- *"Not yet, but thinking about hiring a paid carer as I am quite unsteady on my legs, although I live in a warden run flat. Someone we know uses a very good carer."*
- *"Yes, the 6 weeks Reablement is about to finish and we are awaiting a visit from the Social Worker to discuss."*
- *"No, my son was offered more help, but declined. He also looks after my 97 year old sister."*

Question: How many times, if at all have you been admitted to hospital in the past 3 months?

Of the 41 respondents spoken to, only six people had been readmitted to hospital within three months of their discharge.

- Once – 2 patients

- Twice – 3 patients
- Three times – 1 patient

Question: What do you think we are doing well or what do you think we could improve on in order to give you a better service? Feel free to tell us how patients could be better taken care of after discharge.

Just under half (19) of the people we spoke to were completely satisfied with the service that they had received after discharge. However, the other 22 had comments relating to the service received from the carers, issues with timings of their visits and outside service providers such as physiotherapists.

Timings/Punctuality – Many of the people we spoke to understood that sometimes carers might be running late, or that the time of their visit might need to change, but they would like someone to let them know and be kept informed of any changes to schedules.

- *“Sorting out the timings of the carers arriving would improve the service. I would have used their services more, if they had arrived earlier. Most of the time I was already up and dressed before they arrived.”*
- *“The girls did their best, they have too much to do, in not enough time and too many patients on their list – always rushing. This means they are not always on time, once arrived 2 hours late. The Care organisations are not very well organised, need improving.”*
- *“Only issue is you never know when the carers are going to turn up. In the evening, you are not sure when to make dinner. They could arrive around 6.30/7pm, but sometimes it wouldn’t be until 9pm.”*
- *“Carers and the times they arrive, need to be organised.”*
- *“The carer mum had, came from Deptford each day and came on the train. Obviously, some days [were] delayed and one day didn’t come at all as no trains. On another occasion the carer said on the Saturday, she would not be coming on the Sunday as going to church, however on the Monday when she visited, she marked down she had visited the previous day.”*

- *“It is common courtesy to let people know you are going to be late. I have complained a few times, but it made no difference. If you knew your carer was going to be late, it would really help.”*
- *“The carers visits only lasted about 15 minutes and they seemed to be looking at their phones all the time. To start with the carers were coming at 4.30pm for the evening visit, but this was far too early, I do not want to get ready for bed then.”*
- *“The timings of carers can be unreliable. On a few occasions the morning carer did not arrive until lunchtime, this meant I was just being given my breakfast as the next carer was arriving to do my lunch. Long time to be left without food, from the night before.”*

Consistency – seeing lots of different carers can have more of an impact on some people than others and is a source of frustration. For people living with Dementia, the lack of consistency and regularity of the service can be particularly difficult.

- *“There needs to be consistency within the Caring Team. The carer who comes every morning is always the same and mum has built up a good rapport with here and will let her wash/shower her etc. The carers in the evening however, often change and so mum won’t let them help her, she will lie saying she has eaten when she hasn’t as she doesn’t trust them as much.”*
- *“Each care worker is different. I had issues over Christmas, you need people you can rely on, who come at reasonable times. Now I am paying for the service, I have more power and the carer we have now is more reliable and on time.”*
- *“Unfortunately, the carers change so often.”*
- *“The carers are always different at weekends and I find myself having to keep explaining things.”*

Outside Agencies

- *“Social Services arranged for me to see a physiotherapist to help me rehabilitate, as they said this would be quicker than me waiting for an*

appointment from the hospital. The physio has been seeing me for about 6 weeks, brilliant service and I am now starting to walk on my own and all done in my own home. 2 weeks ago I did receive a letter from Kings to go physio at Queen Mary's. I still attended, although much better now. Think how I would have been struggling, if I had just waited for this appointment, what state would I have been in."

- *"When the man came to install the rail in the shower, he just turned up at the front door. I was not aware that he was coming. I could have been out. It would have been helpful to have had prior knowledge of visit/day/time etc."*

"The only problem I experienced was with aftercare like the Physio. I had an assessment on 19/2/19 and the Physio is now due to start, but it has been a long wait for the assessment considering I was discharged in August 2018."

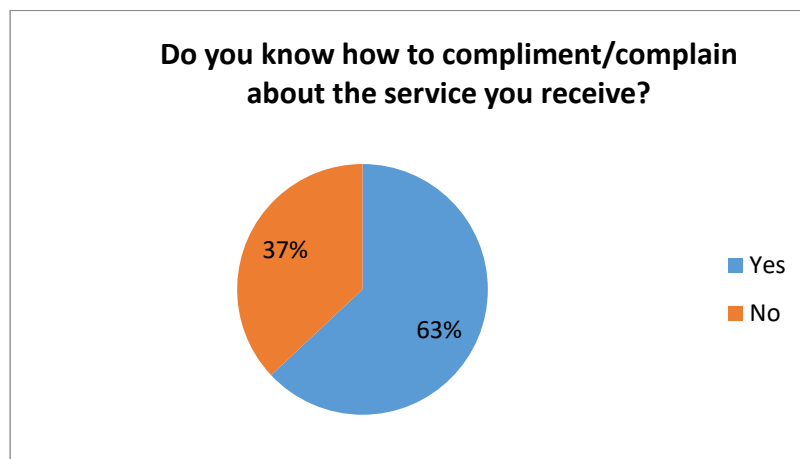
- *"I was offered physiotherapy, but there was a 6 week wait. By the time the appointment arrived, I had got so much better and stronger on my own, so I cancelled the appointment."*
- *"All equipment needed for mum was there within a week, but Inspire made three separate journeys to deliver stuff as things were missing, such as a chair cushion and mattress."*

Other Comments

- *"Basic health and hygiene needs are being met, but little things could be improved that the carers don't think of, like making sure things are near mum, such as a remote control, pen to go with the crossword book, tissues within reach. Mum is bed bound so cannot reach these things."*
- *"Care was initially provided by Bridgewater, now changed to Carewatch Bexley. No one told the family the care was changing and it changed very suddenly without warning. Carewatch were given the wrong postcode and key safe number. Information did not seem to be transferred to the new carers and what was, was not accurate."*

- *“There could be one point of contact, as it is confusing knowing who to talk to if questions or problems arise, i.e. Incontinence Team, District Nurse, GP, Social Services, Care Companies & Assessment team.”*
- *“On discharge new medication was given, but nothing was explained to the patient and the family did not know why the drugs were being taken and for how long. There seemed little communication between services. The change of tablets made Mum unusually aggressive, so her doctor asked us to bring her to the surgery. This is not possible as Mum is bed bound, eventually he came out to see her and altered medication which improved the situation.”*

Question: Do you know how to compliment / complain about the service receive?



- *“Yes, I filled out a comments card, complimenting the carers.”*
- *“Yes, I have complained to the Care Agency direct.”*
- *“Yes, I have made a telephone complaint. The person dealing with it was very polite and said they would make a note of my issues, but nothing has improved.”*
- *“Yes, we (the family) wanted to complain, but Mum wouldn’t let us, in case of any comeback.”*
- *“Yes, was given a leaflet and feedback form to complete.”*
- *“No, a feedback form would have been good, so I could compliment the carers.”*
- *“No, but I didn’t want to complain, I know the carers do their best and are short staffed.”*

6. Conclusion

The evidence suggests decreasing a person's length of stay in hospital should reduce deconditioning and improve outcomes significantly. 10 days in hospital (acute & community) leads to the equivalent of 10 years aging in the muscles of people over 80. (Kortebein P, Symons TB, Ferrando A, et al.2008).

Figures produced by the Local Authority in January 2019, show that the average length of stay in hospital for Bexley residents fell from 8 days in Jan 2017, to 5.3 days in July 2017 and 6 days in August 2018. **“A streamlined pathway and more timely discharge means less time spent in hospital. This has freed up bed capacity for other patients in need of urgent care, improving patient flow.”** (<http://www.bexley.gov.uk/sites/bexley-cms/files/2019-01/Bexley-Discharge-To-Assess-Results.pdf>).

We understand there are limitations to this study, as only 41 clients were spoken to and results cannot be generalised, but it is evident that most of the feedback we have received from clients, who have been discharged from hospital on the D2A and Reablement pathways in Bexley, is positive. Over three quarters of the clients were ready and happy to be discharged from hospital and felt fully involved, wherever possible, in making the right choices to suit their individual needs once back at home. Some criticised shortcomings in the management and organisation of their care.

Respondents told us that it was important their care workers were friendly and took the time to talk to them. They also valued continuity and wanted to see the same carer or group of carers on a regular basis.

Finally, people told us that it was important that their carers arrive on time, and at an appropriate time for the tasks they are there to complete.

7. Recommendations

1. **All patients should be happy and feel ready to be discharged from hospital.** For this to happen they need to be reassured and spoken to in a calm, unrushed manner and hospital discharge staff need to ensure that all patients are fully aware of what is happening to them.
2. **All agencies involved with the D2A process, must continue to take patients and carers views into consideration.**
3. **All patients discharged via the D2A pathways should be provided with leaflets about the service being provided and feedback forms for them to comment if they wish to do so** (37% of people we spoke to told us they did not know how to complain or provide feedback).

4. In line with the 'Care for me at home' report published in December 2015.
"Consistency of carer and timings allows clients to build relationships with care workers, allows care workers to learn the routines and preferences of the client, and provides reassurance that plans can be made for the day. **More changeover time could be built in to care worker schedules to protect against lateness, and communication needs to be improved when care schedules are affected**".

This recommendation is still highly relevant today and communication, punctuality and timings are an essential part in making the D2A and Reablement scheme a positive experience. The 'Care for Me at Home' report was a qualitative exploration of experiences of people receiving Domiciliary (Home) Care in the London Borough of Bexley

8. References

NHS England- Quick Guide: Discharge to Assess

<https://www.nhs.uk/.../Quick-Guide-discharge-to-access.pdf>

Discharge to Assess Project, Queen Elizabeth Hospital, Joint Collaboration between Adult Social Care and Health

<https://londonadass.org.uk/wp-content/uploads/2017/07/11.20-D2A.>

London Borough of Bexley- Discharge to Assess

<http://www.bexley.gov.uk/sites/bexley-cms/files/2019-01/Bexley-Discharge-To-Assess-Results.pdf>

The system wide challenge to achieve a successful D2A service in Bexley- The King's Fund – Outstanding Social Care Conference, Tuesday 4 December 2018

<http://www.bexley.gov.uk/sites/bexley-cms/files/2019-01/Discharge-to-Assess-in-Bexley-Presentation-to-the-Kings-Fund.pdf>

Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. Mill Valley, CA: Sociology Press

Glaser, B. G. (1998). Doing grounded theory: Issues and discussion. Mill Valley, CA: Sociology Press.