



**Hearing the views of patients,
families and staff on pilot
rehabilitation scheme**

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Report summary

What is this report about?

This report highlights the findings from a survey that aimed to gather the views of patients, staff, families and carers on a pilot scheme for hospital discharge and accelerated rehabilitation, known as the Pathway 2 pilot. It was carried out in October 2022 involving face to face interviews with patients and staff at Little Manor Care Centre, Salisbury, who had given their consent to participate. Families and carers were also invited to give their views by completing a questionnaire.

What did we do?

We were asked by Wiltshire Council to carry out an engagement exercise to hear the views of patients, staff, families and carers from their different perspectives of the pilot model of care and rehabilitation. We also interviewed care staff, nursing staff, social care workers and therapists as well as the Quality Assurance and Placement Manager.

What were the key findings?

- Most patients had not been prepared by the hospital for their arrival at Little Manor. They had no understanding of their destination, the reason they were there, or how long they would be there. Many were distressed and confused and it took considerable time for them to be reassured.
- Patients felt involved and supported in their rehabilitation and appreciated the staff and care setting.
- Key to the model's success is accepting patients who meet the Pathway 2 criteria as they are able to take full advantage of the therapy provided, make a more rapid recovery and leave within 28 days.
- Brokerage teams (who find care home beds for people who are ready to leave hospital) need to better understand the importance of patients correctly meeting the eligibility criteria and the capacity of Little Manor.
- Most staff felt that Pathway 2 was a different way of working but were comfortable with this and felt that the multidisciplinary approach improved outcomes for Pathway 2 patients.
- A multidisciplinary team working together on one site makes a huge difference; saving time, enabling a more informed picture of the patient and their needs and a better service.
- Having social workers on site helps to identify the care packages patients' needs much earlier, reducing delays to the patient's return home.
- Experience of the Pathway 2 pilot has been positive to date.

Conclusions and recommendations

Overall, patients, staff and the families and carers who gave their views were very positive about the benefits of the Pathway 2 pilot model being trialled at Little Manor. But improvements could be made around referrals and better information is needed for patients on their discharge from hospital and for them to understand why they have been sent to a care home for rehabilitation. We have made a number of recommendations based on the feedback we heard.

Introduction

Healthwatch is your local health and social care champion. We're here to listen to the issues that really matter to people and to hear about your experiences of using local health and social care services.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

Background

Pathway 2 is a term used by the NHS to describe the type of “pathway” or process for discharging patients from hospital who are medically ready but need some extra help in a care setting before being able to return home (ie, where they lived before their hospital admission).

Currently, Pathway 2 beds are badged as ‘intensive rehabilitation short term’ or ‘discharge to assess’. Rehabilitation beds focus on the patient’s goal-based care, aimed at helping people to live as independently as possible. ‘Discharge to assess’ beds are for people without rehabilitation goals, but who need their care needs assessed to identify what further support they require to return home.

However, the current situation has become more and more difficult with therapists and social care staff having to travel large distances between care homes.

A new pilot Pathway 2 model has been set up in the Little Manor Care Centre, Salisbury where a multidisciplinary team of therapists, social care workers and care/nursing staff are all based on site, work together with patients who have been assessed as meeting the Pathway 2 eligibility criteria. This way of working is intended to provide better and earlier overall assessment of the patient’s needs as well as a broader range of therapy.

The aim is to speed up patients’ recovery outside a hospital environment and build their confidence and independence so that they are ready to move on after 28 days.

Patients are expected to participate actively in their rehabilitation and are invited to join in the range of additional activities the care centre offers to assist socialisation and provide stimulus. Patients are supported to achieve their goals and receive a social care assessment alongside their rehabilitation programme.

The pilot scheme began on 1 September 2022.

What we did

Healthwatch Wiltshire were asked by Wiltshire Council to carry out an engagement exercise to hear the views of patients, staff, families and carers from their different perspectives of the Pathway 2 pilot model of care and rehabilitation.

Three separate questionnaires were prepared to take into account the different perspectives of staff, patients, families and carers (see Appendix 2). Wiltshire Council's Better Care Fund team wanted to understand their experience regarding their length of stay, the effectiveness of this new treatment approach, what was going well and what might be improved. As the interviews were mostly face to face, the focus of the questions was on gaining qualitative information rather than quantitative data.

We visited Little Manor Care Centre on two days in October 2022. The Care Centre Manager identified patients under the Pathway 2 model who were willing to be interviewed.

Staff interviewed included care staff, nursing staff, social care workers and therapists as well as the Quality Assurance and Placement Manager.

As the pilot model had only just launched, it was recognised that there would be a limited number of patients who would be able to feed back on their experience and views of this new approach to Pathway 2.

Who did we hear from?

Interviews were carried out with 14 patients, 2 physiotherapists and 1 occupational therapist, 3 social workers, 4 care/nursing staff and the Quality Assurance and Placements Manager.

Copies of the staff questionnaires were left with Freepost envelopes for those staff we were unable to talk to due to their working hours, including night staff.

Separate questionnaires for families and carers, together with Freepost envelopes, were given to the Quality Assurance and Placements Manager to be sent to families and carers of patients on Pathway 2 identified by the Care Centre Manager. An email containing the link to the online version of these questionnaires was also provided for both groups to use if they preferred to complete the survey online rather than on paper version. Two completed questionnaires from families and carers were received.

In total, we heard the views of 27 people.

Group	Gender	No	Age	No	Ethnicity	No
Patients	Female	11	50-64	1	White British	14
	Male	3	65-79	3		
			80-89	7		
			90+	3		
Staff	Female	8	25-49	8	White British	4
	Male	3	50-64	2	White European	1
			65-79	1	White Other	3
Families/ carers	Female	1	25-49	1	White British	2
	Male	1	80-89	1		

What people told us

Patient feedback

We asked patients 9 questions in total about their care and support. The first 3 questions referred to what they were told when leaving hospital and how much information they had about coming to Little Manor and what to expect.

Hospital discharge

When we asked them whether the hospital had prepared them for coming to Little Manor, 86% of patients said they had no understanding of their destination, the purpose or length of their stay. None had any written information or guidance. Several were very confused and frightened: some thought they were going home, one was worried they were being sent to a dementia nursing home permanently.

I had no idea I was coming here. I was in hospital for 24 hours and then taken by ambulance to Little Manor. Assumed it was a nursing home.

I was told nothing at all by the hospital. The nurse told me I was leaving, which contradicted what the doctor had said two days earlier. The nurse told me I was going to Little Manor the next day. No idea where or what it was. I was told it was in Southampton which I refused as it was too far for the family to visit me. No more information given... It was not until I arrived at Little Manor and asked the staff about why I was here, that I understood that it was a rehab ward.

54% of patients said it would have been helpful and smoothed their transition if they had had a leaflet or some written information. One patient said a leaflet with photos of Little Manor, a bedroom, rehab activities and some text in plain English explaining the location, purpose of their stay and visiting hours was needed.

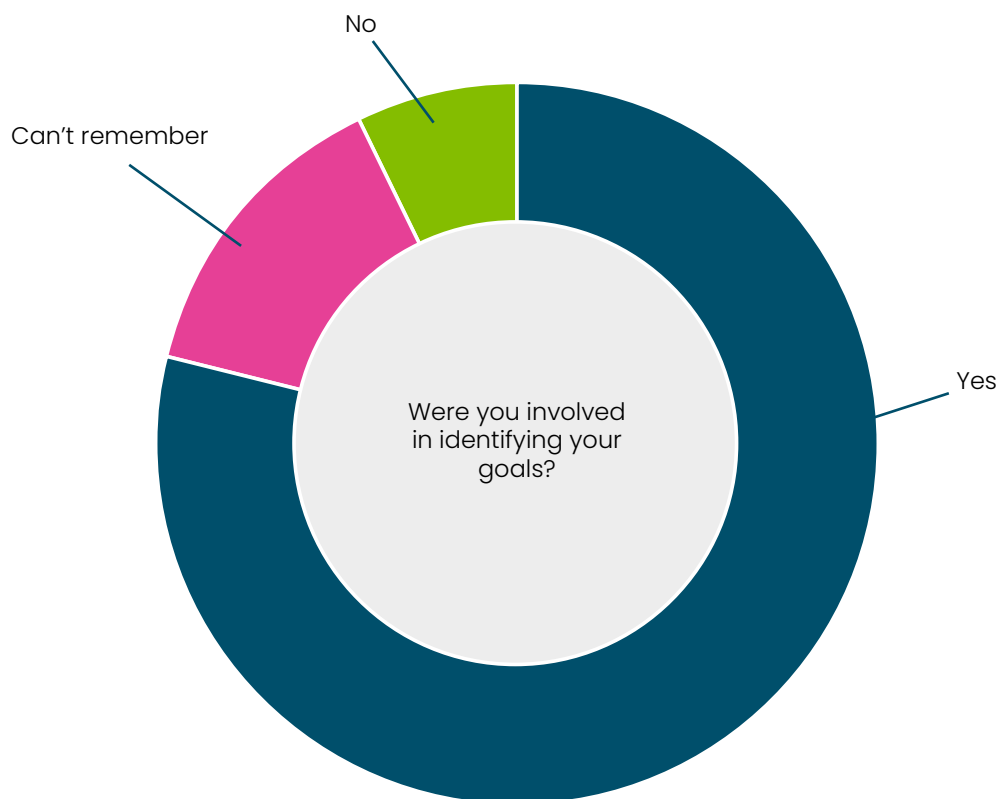
The correct information - a short flyer/leaflet with a picture of Little Manor, saying that it was a rehab centre and giving the address and what happens there.

Several patients said that their relatives had found out information on Little Manor as they had received none. They were not so concerned about their hospital discharge experience.

Not really, as my daughter did research and found out what would happen at Little Manor. She has been a wonderful support.

Treatment and care at Little Manor

We asked patients whether they had been involved in identifying their goals for rehabilitation – what they wanted to achieve by the time they left Little Manor. 79% of patients interviewed felt they had been involved, 14% could not recall and 7% (1 person) did not think they had been asked.



[I am] here for four weeks and then go home with a care package. I have goals written for me and I was involved in writing these. There is one that I still has to achieve - to walk with one stick. Goals are here in order to achieve my discharge.

Staff talked about my goals. I want to go home to my flat. I use ready made meals and I need to be able to walk around my home. I want to be able to drive again.

Another patient told us that:

Staff are wonderful - nothing is too much trouble. Their help and kindness has enabled me to stand and now walk. Staff offer to take me for a walk. I go to the music afternoons as part of socialising again.

Most patients found it helpful to have their rehabilitation goals written up on whiteboards in their bedrooms.

When we asked patients if they felt supported by the staff to achieve their goals, the overwhelming majority (85%) responded positively. They praised the staff at Little Manor, saying they were friendly and helpful. Most focused on the physiotherapy, appreciating the amount of support provided, although one patient mentioned that it was not available at the weekend.

There was much less mention of occupational therapy although two patients talked about being able to make a cup of tea.

Staff are fantastic. My daughter is meeting the occupational therapist at my flat to assess whether it is suitable for me.

Yes, mainly with the physiotherapist. I have exercises to do and I'm now walking better. I have a stairlift at home. I want to do some exercises for my left hip but the staff are reluctant.

I have had physiotherapy and can now walk easily with a walking frame. I can do stairs now which is important because I have stairs at home. The physiotherapist has been surprised at my progress. Staff are very helpful.

I spent 10 days in hospital doing almost nothing. At Little Manor I go to the bathroom on my own, wash and dress myself. Walking is improving. I have had a lot of physiotherapy.

I made a cup of tea for myself. I walked down to the music sessions.

One patient did express concern about the cost of support after they went home.

The social worker is trying to arrange for someone to come in four times a day for 6 weeks after I go home. It costs £400 a week and I cannot afford this for long. Not quite sure what package of care is being arranged.

Most patients were not aware they were being "fast-tracked" through the new Pathway 2 model - no one felt rushed. Few patients were aware of the 28 days target stay - most thought they were receiving rehabilitation until ready to go home or to a care home. Several were very motivated and intent on recovering as soon as possible to get home.

Most patients also commented positively on the care staff and the support they provided. Two patients said that staff were slow to respond to their bell and their manner was sometimes brusque. Several commented that some care staff's English was poor but that they were kind and supportive.

However, only a few patients interviewed showed real interest in taking up the activities on offer of yoga, Pilates, music afternoons, flower arranging and other activities.

When we asked what they thought had gone well, patients told us:

- Rehab is going well – staff have allowed me to use my own walking frame with brakes as I refused to use one with no brakes.
- I think things are generally going well.
- I am not sure what my options are at this stage, but staff are encouraging me to do things.
- I have a leaflet with pictures of exercises to do as I find it difficult to remember.
- Nurses are very friendly. I have got used to male nurses. I enjoy the activities such as yoga and a visit from alpacas.

One patient was not so positive, commenting:

- Nothing much really. At the moment, I'm waiting for shoes and treatment.

When we asked whether anything could be better, 42% of patients responded that nothing could be done better, other than their hospital discharge and transition to Little Manor. 33% of patients commented that the cooking/meals could be improved, while one patient wanted more physiotherapy and another wanted access to go outside to get fresh air.

- Has been a wonderful refuge for me. Cooking has been a bit of an issue – I found the cooked lunch indigestible.

Some patients had been concerned that they would have to pay to stay after a few days/short time. This confusion or lack of understanding about how Pathway 2 worked was also mentioned by two of the social workers.

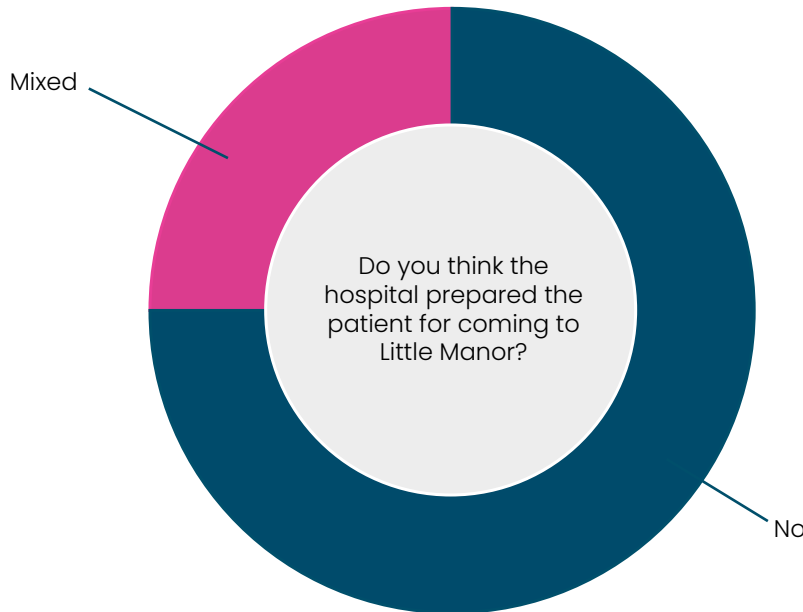
Finally, we asked patients if there was anything they would like to say about their stay at Little Manor.

- Although I was reluctant to come here, it has been better than I thought.
- Can't believe it is the NHS!
- Well looked after. Staff have been very agreeable.
- The place is very clean. The standard of care is high.

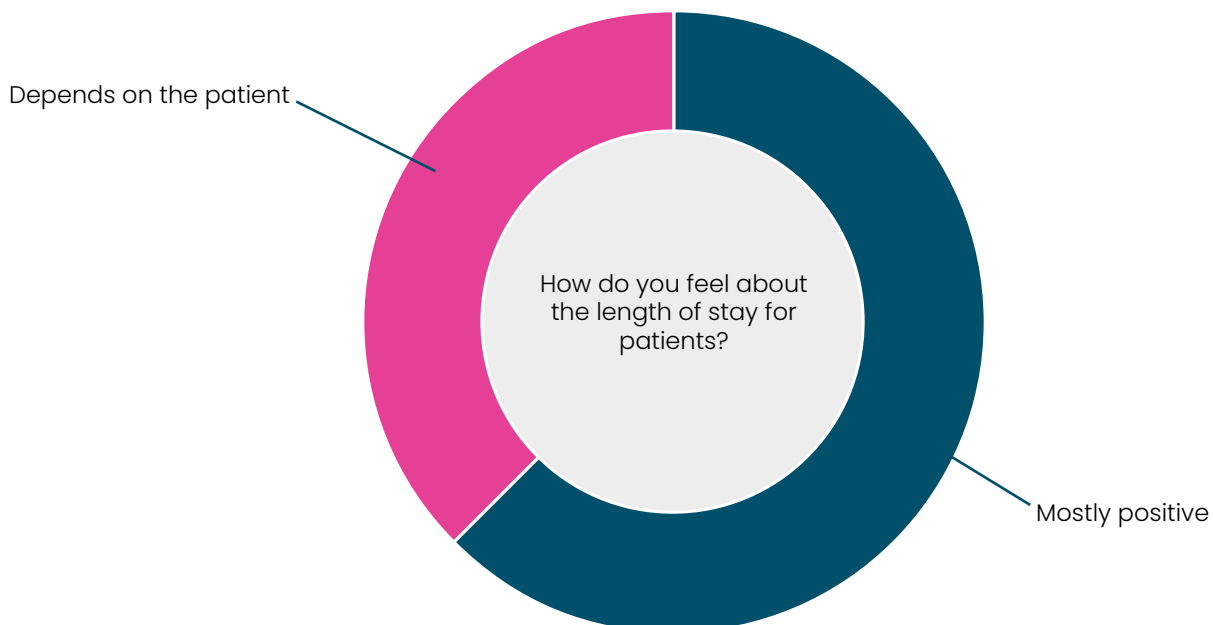
Staff feedback

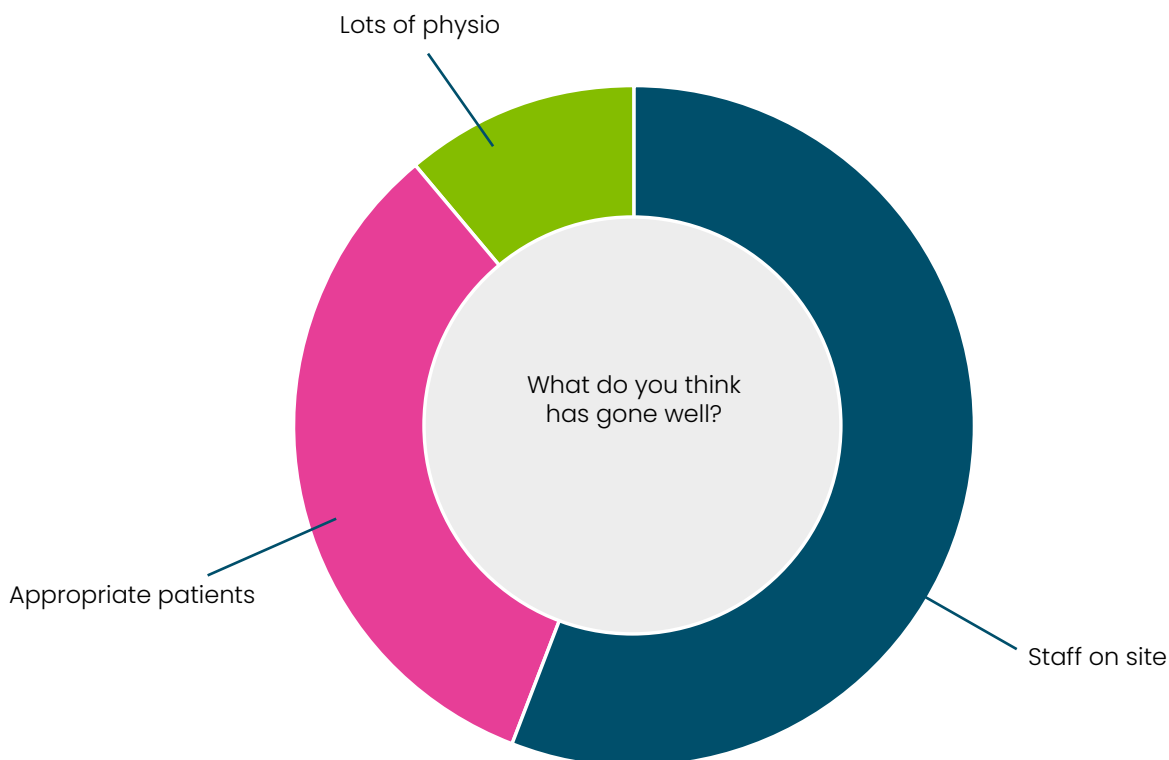
We asked staff 11 questions about the new way of working, what they felt has gone well with the Pathway 2 pilot and what could be improved. We also asked a question on the communications patients had received about their hospital discharge.

The clear message from staff was that they thought the hospital discharge process to Little Manor was poorly managed, with lack of appropriate information and communication from the hospitals which resulted in patients arriving distressed, confused, frightened or even angry, and that up to 48 hours could be needed to reassure them. This was not a good use of staff time and the lack of preparation by the hospitals was unhelpful to the patients.



Most staff (75%) thought their way of working was different under the new pilot model but all staff were positive. The majority (62.5%) of staff we interviewed thought 28 days was a realistic stay for Pathway 2 patients but others felt it depended on the patient.





Physiotherapists and occupational therapist

The three therapists interviewed said that some of the patients did not understand what was expected of them to enable rehabilitation and recovery. They were not properly prepared for their stay at Little Manor:

Many patients don't understand what they have come to Little Manor for and expect to stay 6-8 weeks.

The occupational therapist added that:

A leaflet is needed that patients should be given in hospital explaining and providing information.

The physiotherapists felt the term 'intensive rehabilitation' was misleading as it led to unrealistic expectations. Some patients expected to walk/mobilise rapidly, while others did not take advantage of the treatments and activities on offer.

We develop a sheet with rehab goals for each patient which is put up in their room. Physios always talk to the patients about their rehab goals. We emphasise short term goals - some patients find this difficult to accept.

When we asked them how they felt about working under this pilot scheme and helping patients achieve their goals, they told us that having the social workers on site was very helpful and the weekly multidisciplinary team meetings work very well. Physiotherapists are responsible for writing the patients' goal sheets but other staff have input which provides a more holistic picture of the patient and is an improvement on how they used to work.

They said that it was a different way of working but they were clear on their roles and comfortable with them saw a number of benefits:

We like the goal setting - really helpful for the whole team. Have more staff with the Pathway 2 project. Before, it was just two physios and a part time occupational therapist (OT) whereas we now have more physios, full time OT and social workers. Physio team work 30 hours and Team Leader covers two care homes. Before the Pathway 2 pilot, we had to do much more around the patient - organise equipment, admin, etc.

Process is quicker due to social worker being on site. Would like them [social workers] to be involved straight away rather than 1-2 weeks later. Dilemma as social worker needs to know what patient can do in order to organise care package. Can be a long wait to get the funding for the necessary care.

All commented that it would be useful to have the social workers involved from the arrival of the patient. Physios said that is often possible to identify in the first week which patients will substantially recover and those who are likely to need more care and support.

In terms of additional training, the therapists all agreed that it would be good for care staff to have specific training in rehabilitation as care is given 24/7 while physios are only there Monday to Friday. They also commented that staffing levels are an issue as ideally there should be 3 carers on each floor, rather than the current 2 carers.

We asked the therapists whether they thought about the length of stay for this Pathway 2 pilot model. Physiotherapists said 28 days is sufficient for rehabilitation and recovery for appropriate and motivated patients.

There's a difference from 1st September, when Pathway 2 project started, and we are getting some patients who go home after three weeks. If the patients correctly meet the criteria for Pathway 2, the average of 28 days stay does work.

They highlighted activities at Little Manor which they thought were helpful to patients. The occupational therapist does kitchen assessments where appropriate, walking practice, washing and dressing. The physiotherapists plan to do group physio exercises to prevent falls. Yoga and Pilates activities are available and more activities have been introduced by the care home, eg a visit from alpacas, singing, and craft. They felt that this new approach to rehabilitation and care was making a positive difference for the patients.

When asked what they felt had gone well they listed:

Goal setting, the range of activities, having patients who are more appropriate for rehab and can understand the goals set and having more staff on site which equals more time with patients.

They all agreed that finding the care package for discharge to home or care home placement was a significant issue and often caused delay. (This view was repeated by care/nursing staff).

Our final question was whether there is anything they feel could have been done better or would like to change. They made two recommendations:

Training for care staff about rehabilitation so that more care staff can contribute to rehab activities especially at weekends.

Leaflet that sets out clearly to explain what Pathway 2 is, using pictures, no jargon, NOT 'intensive physiotherapy' or 'Pathway 2' but something more accessible to the patient, eg Pathway to rehabilitation would be better.

Social workers

All commented that the hospitals had not prepared the patients properly for their transition to Little Manor so they did not understand what was expected.

Very rarely. Patients worried about paying. Worried they will "run out of time" before they have to pay for the service. Don't understand that they are here for rehabilitation and need to contribute to their rehab.

The social workers were very positive about the benefits of a multidisciplinary team on site. They can also see patients frequently and easily, even several times a day. They like the proximity of therapy and care staff so questions and issues can be quickly addressed face to face rather than via time-consuming email trails. They said this results in massive time-savings and a more holistic approach to the patient, which also benefits them.

Really good that all professionals are in one place. Better coordination for residents. Multidisciplinary approach working well on a daily basis in one building face-to-face with other professionals.

We asked the social workers whether they were aware of each patient's rehabilitation goals and how they are to help them achieve these. They all felt they were familiar with the goals to an extent and the multidisciplinary team (MDT) weekly meeting provides an update for each person which is helpful.

We build relationships with residents and share the individual's goals with the physio team. Physios and occupational therapists are very good at finding out goals for individuals.

They acknowledged that this pilot involves a different way of working but they are comfortable with it, really enjoying it and clear on their roles: "It really works". They all felt it would be very good to have similar multidisciplinary working in other homes as they see benefits to staff as well as residents.

Yes - now an integral part of the multidisciplinary team. Get to build relationships with patients a lot more. Sometimes things progress more quickly. Improves understanding of what the resident wants. Helps with assessing capacity because you are present in the care home with other members of the team. Process is smoother, quicker, less travel.

An improvement on usual way of working. All in one place and everyone focused on the same goals. I am clear on my role.

None of them felt they wanted additional training for this new way of working which they see as more efficient and more effective.

All were very positive about the new Pathway 2 model with the caveat that the patient might not always be ready for discharge at 28 days. They were more circumspect about the length of stay for this Pathway 2 model and whether it provides enough time for the patient to achieve their goals.

For some residents, it is straightforward to achieve goals in 28 days. More complex residents take longer for a variety of reasons. Therapists say four weeks is reasonable. Delays due to funding packages of care for other plans. Four weeks is tight for rehab. Final decision re the future may take two weeks in addition.

Professional team try very hard to get the patients rehabilitated and home. Need to work in the best interests of the patients and take the time needed for them not to focus on the 28 days they are allocated.

When asked what activities had been helpful to the patients from this new way of working, one social worker highlighted the proper ward rounds with doctors once a week. This means that medical issues are assessed and addressed quickly which makes a positive difference.

Two of the social workers told us that this new approach, with more active input from therapy, feels more hopeful and is making a positive difference to patients' quality of life. The therapy team decide the goals with patients and they bring the social workers in when moving towards discharge. Patients can then be discharged to Home First, providing them with support at home for up to 6 weeks after their stay at Little Manor.

Overall, they felt that under this new approach, things are done in a more timely manner. Social worker care assessments are of a better quality due to access to electronic records, as the team are all on one site.

Improvements suggested by the social workers included:

More social interaction between the patients. Patients may be diffident because of being on their own during Covid. Responsibility of all members of multidisciplinary team to encourage social interactions.

Patients should have a better understanding of why they are coming to Little Manor. They need well-written information before discharge from hospital, like FAQs.

They also added that challenges in arranging/finding care packages remain a problem. Earlier involvement in patients' goal setting and planning, as initially done in first weeks of the project, would be helpful.

Care/nursing and management staff

All expressed a very negative view of patients' preparedness for transitioning to Little Manor and their understanding of what would be happening or what was expected of them.

Patients not prepared at all. Very frightened people come through Little Manor's door. Some are told they are going home, others think they have ended up in a nursing home. No consistency. Staff have to explain to them when they arrive. Some think their families have abandoned them or are frightened and angry. They need hours of reassurance.

Care and nursing staff were aware of patients' rehabilitation goals. They said they can talk directly to physios and also have the paperwork.

Easy to find out and also the goals for mobility and other goals are on the patient's whiteboard in their room above their bed.

Several commented on the difference in working under Pathway 2 meant a quicker turnover of patients, having to get to know them faster, cope with additional paperwork due to the higher turnover. This was sometimes a bit of a challenge but all interviewed said they appreciate working with less complex patients under Pathway 2 who could make a recovery and be discharged home. This is more satisfying to them.

Yes, it feels different. Quick turnover of patients, faster working, sometimes more challenging.

Nursing staff did not feel there was much difference in the way they worked except for the multidisciplinary team working, which they liked and they were clear on their role. Care staff reported that they are more involved in rehabilitation exercises than previously. One said that training on rehabilitation should be given to care staff so that they can cover weekends when the therapists are not working.

All were comfortable with their new role as their core duties remained the same though they were working in a more multidisciplinary environment. No one was looking for additional training

specific to supporting their role on Pathway 2 except for one suggestion on training care staff in rehabilitation.

One member of care staff felt that the shorter stay under Pathway 2 helps prevent “pyjama syndrome” and encourages a more positive patient focus.

28 days seems to work well for most patients on Pathway 2. Those who stay too long get too comfortable and want to stay which is not the right solution for them – get ‘pyjama syndrome’ where they stop trying to do things for themselves. Occasionally some people need a bit longer.

Most felt that 28 days is usually sufficient for recovery but outside pressures, such as a shortage of social care resources, can cause delay or if the patient did not originally meet the Pathway 2 criteria.

One member of staff highlighted that 75-80% of patients decline activities such as Pilates, yoga, music, etc. This may be partly due to the wide range of ability amongst patients, that most preferred to do their therapy exercises and then stay in their rooms.

Patients enjoy the music but most don’t want to go to social activities. They seem to feel they are not here to socialise. A few go and do enjoy it.

Number 1 aim is mobility and therefore the physio takes priority rather than mental health or activities. Residents do not always participate in activities but that is their choice.

The social workers also felt it is important that patients are actively encouraged to participate and need the stimulus rather than just focusing on their physiotherapy exercises and staying in their rooms. It was suggested that this could be a consequence of becoming used to isolating during the Covid pandemic.

When asked what they felt had gone well, several staff pointed to the fact that they are no longer getting complex patients without mental capacity. Patients generally referred for Pathway 2 can make real progress in rehab. They also thought that having social workers on site makes things much better.

Social workers on site in the building helps massively. You can speak to them immediately leading to reduced delays in responses and decisions. More involvement with physios as you see them more often. Everyone is on the same page from the start.

Several staff mentioned a discrepancy between the description of the patient’s condition in the hospital referral and the reality when they arrived. It was recommended that more checks were done on referrals. An element of frustration was expressed with brokerage teams (who find care home places for people ready to leave hospital) who do not seem to understand the eligibility criteria. This, combined with pressure to discharge patients from hospital, can result in inappropriate referrals.

Pathway 2 is a great idea in theory, having social workers on site alongside therapists and other staff. However, we’re having huge issues with brokerage team who have no idea what they are sending across to Little Manor, eg 17 referrals when there are only five free beds.

We asked them what they would like to improve or change and they told us better communication is needed to make a patient's discharge from hospital smoother, and training for the brokerage teams to ensure more appropriate referrals.

No, would not change anything else except communications from hospital. Patients arrive so frightened and confused they do not cooperate with rehab programme. Often takes 24-48 hours for patients to settle and realise aim of the programme. Hospitals MUST make clear they are going to temporary rehab centre to recover and get on with their lives.

Recommend training for brokerage team on Pathway 2 and provide simplified information for them written in layman's terms so that it is easier to understand.

Families and carers

We received only two completed questionnaires from families and carers. Both were positive about the benefits they saw from the Pathway 2 pilot. Both commented that there was no written information about where their loved ones were going after leaving hospital.

Mum was set tasks, exercises and goals. Her ambition was always to be as mobile as possible and the care at Little Manor from all those who looked after Mum was excellent: respectful, kind. She soon bounced back to looking and being so much better. Thank you.

We heard from one of the respondents that her mother had been well supported by staff to achieve what she wanted by the end of her stay at Little Manor.

Mum was supported every step of the way. Her care was brilliant in clean and comfortable and bright surroundings.... The physio and occupational health were brilliant - over and above anything I expected. Mum became bright, interested in things again, very positive. It made a huge difference. The nursing staff were amazing too.

The whole process and care at Little Manor are to be highly commended. I hope more people and their families have the same experience here.

Her stay at Little Manor was good and has prepared her for [care home], which is so far going well.

Conclusions

Overall, patients, staff and the families and carers who gave their views were very positive about the benefits of the Pathway 2 pilot model being trialled at Little Manor.

Most of the patients arriving at Little Manor had received little or no information from the hospital about the reason they were there, or how long they would be there. Many were distressed and confused and it took considerable time for them to be reassured by staff.

But most patients praised the staff at Little Manor, saying they were friendly and helpful and supported them with their rehabilitation.

It was recognised by staff that it is still early in the pilot testing, so the changed way of working is still new to them. All staff interviewed felt that the multidisciplinary team approach, based on site and working collaboratively, was very positive and a much more effective way of working. They saw the benefits to patients and felt that the new approach speeds up the sharing of information and decision-making.

Key points that repeatedly emerged from the feedback we heard were:

- Getting referrals from hospital that meet the Pathway 2 eligibility criteria is critical to the success of rehabilitation within the 28-day target.
- Brokerage teams need to understand the Pathway 2 eligibility criteria better and take the capacity of the care home into consideration, so they are able to make appropriate referrals.
- The 28-day programme for rehabilitation and recovery was seen as sufficient time for most patients.
- The multidisciplinary team approach was unanimously approved by staff, and patients liked having the reassurance of the different expertise available on site.
- A lot of staff time is saved by having the multidisciplinary team working together on site. Weekly multidisciplinary team meetings help to build a fuller picture of the patient, understanding their needs better so that the right package of help and care can be tailored for when they leave.
- Having the social workers involved right from the patient's arrival and first few days helps to facilitate appropriate care planning for after the patient is discharged from rehabilitation. Social workers told us they would like to see this approach rolled out in other care homes as they feel it is very effective.
- The majority of patients do not seem to participate in the range of social activities offered by the Care Centre, which is intended to provide stimulus and support their socialisation and recovery.

Recommendations

Based on our findings, we make the following recommendations:

- Carry out more checks before making referrals to ensure the patient meets the eligibility criteria.
- Devise training on Pathway 2 for the brokerage team, using clear, jargon-free and simplified information so that it's easier to understand.
- Provide more information to patients around their discharge. Written information, in a leaflet for example, should show photos of Little Manor, a typical bedroom, and details of rehabilitation activities, together with text in plain English explaining the location, purpose of their stay, that Pathway 2 rehabilitation does not require payment from them, and visiting hours. It should also explain that the patient will be expected to participate in their recovery care.
- Provide specific training for care home staff in rehabilitation so they can contribute to physiotherapy exercises with patients, particularly at the weekends when the therapists are not working.
- Involve the social workers in patients' goal setting and planning as early as possible, to enable care packages to be arranged in a timely manner for when a patient leaves, ie after 28 days.

Thank you!


We would like to thank all patients who consented to be interviewed, the staff who gave up their time to talk to us and the families and carers who completed our questionnaire. Your feedback is important and will help to make a difference to the way people are supported when leaving hospital.

We would also like to thank our volunteers, who worked hard to help with Enter and View training, reviewing and improving our questionnaires and interviewing patients and staff.

Response

Helen Mullinger

Commissioning Manager – Better Care Fund, Wiltshire Council

 We welcome this report and its findings on the Pathway 2 pilot, there is much learning here. By interviewing all those involved in the model – therapy, social care, care home staff and the residents themselves – the survey provided useful insight to the operational side of the pilot.

The survey showed the value staff placed on the model, particularly how much they enjoyed working collaboratively. It also highlighted areas we could improve such as the need for clarity on roles and responsibilities along the pathway and for better communication to the patient on discharge from hospital.

Following successful tenders, two care homes in Wiltshire are now providing the Pathway 2 hub model and we are continuing to develop the hub, reflecting on all points highlighted through the Healthwatch survey.



Appendix

Hearing your views of Pathway 2 Pilot Model Survey – Patients

1. Introduction

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved, then share their views with those who have the power to make change happen.

Healthwatch Wiltshire has been asked by Wiltshire Council to hear your views of a new model of treatment and support at Little Manor Care Home called Pathway 2 Pilot, designed to help people recover more quickly after a hospital stay.

This involves on-site therapists and social workers working together to assess your needs and devise a range of treatment and therapy to support your recovery and rehabilitation.

We would like to know what you think about the care, treatment and activities you have received and how you were helped to gain more independence and be prepared for your next move. Our aim is to understand how this service felt to you.

We would also like to hear what you thought about how your hospital discharge was managed, the level of support and information given to you about next steps to recovery and what to expect from your stay at Little Manor.

All responses are anonymous and no individuals will be named.

2. Leaving hospital

1. Do you think the hospital prepared you for coming to Little Manor? Did you understand why you were coming here?

2. Were you given any information about leaving hospital and what to expect next? (This could have been through talking with staff, leaflets, information sheets). How helpful was this to you?

3. Is there any other information you could have been given that would have made your hospital discharge experience better or smoother?

3. Treatment and care at Little Manor

4. Were you asked what is important to you to achieve by the time you leave Little Manor? (such as making your own meals, hobbies or interests, things you enjoy, getting around etc)

5. Do you feel you have been supported by the staff at Little Manor to achieve what you wanted by the time you leave?

6. Can you give examples of what activities/treatments you think have been helpful to you? Do you think these have made a positive difference to your quality of life?

7. What do you think has gone well?

8. Is there anything you feel could have been done better?

9. Is there anything else you would like to say about your stay at Little Manor?

4. About you

This part of the questionnaire is voluntary.

10. Please tell us the first part of your post code

11. What is your gender identity?

- Female
- Male
- Non-binary
- Intersex
- Prefer not to say

Prefer to self-describe (please specify)

12. What is your age?

0 – 17

18 – 24

25 – 49

50 – 64

65 - 79

80 – 89

90+

Prefer not to say

13. What is your sexual orientation?

Asexual

Bisexual

Gay man

Heterosexual/Straight

Lesbian/gay woman

Pansexual

Prefer not to say

Prefer to self-describe/Other (please specify):

14. Please specify your ethnicity

- White British
- Irish
- Gypsy/traveller/boater
- Eastern European
- White Other
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background
- Black or Black British
- Caribbean
- African
- Any other black background
- Arab
- Chinese
- Any other Ethnic Group
- I do not wish to disclose my ethnic origin
- Other (please specify):

15. Would you like be added to the Healthwatch Wiltshire mailing list to receive regular updates?

Yes

No

If yes, please provide your email or postal address below:

You have completed this survey!

The results will be collated and shared with Wiltshire Council who are testing this new pilot model of recovery treatment and support. By completing this survey, you are agreeing to Healthwatch Wiltshire using your responses in a way that can't identify you. Your details will be held securely and in compliance with data protection laws. They will only be used for the purposes of carrying out Healthwatch Wiltshire activity. Your details will not be shared with any other organisation. You may unsubscribe or withdraw your consent to us holding your details at any time by emailing info@healthwathchwiltshire.co.uk or calling 01225 434218.

Thank you for taking the time to answer this survey.

Hearing your views of the Pathway 2 Pilot Model Survey - Staff

1. Introduction

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved, then share their views with those who have the power to make change happen.

Healthwatch Wiltshire has been asked by Wiltshire Council to hear your views of a new model of treatment and support at Little Manor Care Home called the Pathway 2 Pilot, designed to help people recover more quickly after a hospital stay.

This involves on-site therapists and social workers working together to assess the patient's needs and devise a range of treatment and therapy to support their recovery and rehabilitation. We would like to know what you think about how the care, treatment and activities have been delivered, whether you feel it helps patients to gain more independence in preparation for their next move and how you felt about working in this new model of care. Our aim is to understand how this service felt to you, your views on its delivery and what it meant for you.

All responses are anonymous and no individuals will be named. The survey should take about 15 minutes to complete.

1. What is your role at Little Manor?

2. Arriving at Little Manor

2. Do you think the hospital prepared the patient for coming to Little Manor so they understood why they were coming here and what was expected?

3. Treatment and care at Little Manor

3. How does it feel to you working on a daily basis to deliver this service to patients? Are you aware of each patient's rehabilitation goals and how you are to help them achieve these during their stay at Little Manor?

4. Does working in this new Pathway Way 2 pilot model feel different to your usual way of working? Are you clear on your role in this process?

5. If Yes, can you tell us how working this new way of working feels different? Are you comfortable with this?

6. Are there any areas of the service where you would like more support or training to feel comfortable with this new Pathway 2 approach?

7. How do you feel about the length of stay for this Pathway 2 model? Do you think there has been enough time for the patient to achieve their goals during their rehabilitation at Little Manor?

8. Can you give examples of what activities you think have been helpful to them? Do you think this new approach/model has made a positive difference to their quality of life?

9. What do you think has gone well?

10. Is there anything you feel could have been done better or you would like to change?

11. Is there anything else you would like to add?

4. About You

12. Please tell us the first part of your post code

13. What is your gender identity?

- Female
- Male
- Non-binary
- Intersex
- Prefer not to say
- Prefer to self-describe (please specify)

14. What is your age?

- 0 – 17
- 18 – 24
- 25 – 49
- 50 – 64
- 65 - 79

- 80 – 89
- 90+
- Prefer not to say

15. What is your sexual orientation?

- Asexual
- Bisexual
- Gay man
- Heterosexual/Straight
- Lesbian/gay woman
- Pansexual
- Prefer not to say
- Prefer to self-describe/Other (please specify):

16. Please specify your ethnicity

- White British
- Irish
- Gypsy/traveller/boater
- Eastern European
- White Other
- Indian
- Pakistani
- Bangladeshi

- Any other Asian background
- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background
- Black or Black British
- Caribbean
- African
- Any other black background
- Arab
- Chinese
- Any other Ethnic Group
- I do not wish to disclose my ethnic origin
- Other (please specify):

17. Would you like be added to the Healthwatch Wiltshire mailing list to receive regular updates?

- Yes
- No

If yes, please provide your email or postal address below:

You have completed this survey!

Hearing your view of the Pathway 2 Pilot Model Survey - Families and Carers

1. Introduction

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved, then share their views with those who have the power to make change happen.

Healthwatch Wiltshire has been asked by Wiltshire Council to hear your views of a new model of treatment and support at Little Manor Care Home called Pathway 2 Pilot, designed to help people recover more quickly after a hospital stay.

This involves on-site therapists and social workers working together to assess the person you care for or your loved one's needs and devise a range of treatment and therapy to support their recovery and rehabilitation.

We would like to know what you think about the care, treatment and activities they have received and how they have been helped to gain more independence and be prepared for their next move. Our aim is to understand how this service felt for them and for you.

We would also like to hear what you thought about how their hospital discharge was managed, the level of support and information that was given to them and to you about next steps to recovery and what to expect from their stay at Little Manor.

All responses are anonymous and no individuals will be named. The survey should take about 15 minutes to complete.

2. Leaving hospital

1. Do you think the hospital prepared the person you care for or your loved one for coming to Little Manor? Did they and you understand why they were coming here?

2. Were they given any information about leaving hospital and what to expect next? (This could have been through talking with staff, leaflets, information sheets). How helpful do you think it was to them or you?

3. Is there anything that would have made the person you care for or your loved one's hospital discharge experience better or smoother?

3. Treatment and care at Little Manor

4. Was the person you care for or your loved one asked what is important to them to achieve by the time they leave Little Manor? (such as making their own meals, hobbies or interests, things they enjoy, getting around etc)

5. Do you feel they have been supported by the staff at Little Manor to achieve what they wanted by the time they leave?

6. Can you give examples of what activities/treatment you think have been helpful to them? Do you think these have made a positive difference to their quality of life?

7. What do you think has gone well?

8. Is there anything you feel could have been done better?

9. Is there anything else you would like to say about their stay at Little Manor?

4. About you

10. Please tell us the first part of your post code

11. What is your gender identity?

Female

- Male
- Non-binary
- Intersex
- Prefer not to say
- Prefer to self-describe (please specify)

12. What is your age?

- 0 – 17
- 18 – 24
- 25 – 49
- 50 – 64
- 65 - 79
- 80 – 89
- 90+
- Prefer not to say

13. What is your sexual orientation?

- Asexual
- Bisexual
- Gay man
- Heterosexual/Straight
- Lesbian/gay woman
- Pansexual

- Prefer not to say
- Prefer to self-describe/Other (please specify):
-

14. Please specify your ethnicity

- White British
- Irish
- Gypsy/traveller/boater
- Eastern European
- White Other
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background
- Black or Black British
- Caribbean
- African
- Any other black background
- Arab

- Chinese
- Any other Ethnic Group
- I do not wish to disclose my ethnic origin
- Other (please specify):

15. Would you like be added to the Healthwatch Wiltshire mailing list to receive regular updates?

- Yes
- No

If yes, please provide your email or postal address below:

You have completed this survey!

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Thank you for taking the time to answer this survey.



healthwatch Wiltshire

Healthwatch Wiltshire
Freepost RTZK-ZZZG-CCBX
The Independent Living Centre
St George's Road
Semington
Trowbridge
Wiltshire BA14

healthwatchwiltshire.co.uk

t: 01225 434218

e: info@healthwatchwiltshire.co.uk

 @HWWilts
 /HealthwatchWiltshire
 /healthwatchwiltshire