



Enter and View visit to RecoveryHub@SouthLeeds

February 2024

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Summary

Introduction

Healthwatch Leeds carried out an announced Enter and View visit to the RecoveryHub@SouthLeeds on 27th February 2024. The visit was undertaken as part of a planned series of visits to care settings in Leeds and had been prompted by feedback we had received from Leeds City Council, and members of the public. From both postal surveys and speaking to residents and relatives during our visit, we got 22 responses, from a total of 15 people who were staying at the recovery hub and 7 relatives. We also spoke to the registered manager.

Key findings

1. People were generally very positive about the care they had received at the recovery hub. The majority of respondents found all or most of the staff to be caring and reported being treated with respect by staff. Everyone who was able to answer, said that they felt safe whilst staying there.
2. Everyone who was able to answer the question said that they felt that care met their or their relative's needs. However, some people said that they thought that staffing levels during evenings and weekends meant it took longer for staff to respond to their care needs.

3. Responses regarding choice in daily routines were mainly positive with most people saying that they were given choice about their daily routine always or most of the time. The majority of respondents also said that they or their relative was given the right support and encouragement to be as independent as they wanted to be.
4. There was a mixed response as to whether people had been asked about their cultural needs and preferences, with only 14% of respondents confirming that they had.
5. Around half of respondents were unsure about the next steps were after receiving care at the recovery hub, with some saying they felt it was too early to know. The majority of people we spoke to reported having received support from physiotherapists or occupational therapists during their stay.
6. The majority of respondents said they knew who to approach with concerns or complaints.
7. The recovery hub was generally clean and tidy with spacious communal areas. It was not clear from speaking to people whether all the advertised activities were routinely taking place.

Key recommendations

1. Review staffing levels at evenings and weekends to ensure they are sufficient to meet the level of need of people staying at the recovery hub.
2. Review systems for documenting and acting on people's cultural and religious needs so that these are more consistently met.
3. Ensure that people staying at the recovery hub and their family carers are regularly involved in and communicated with about the next steps for their care following their stay in the Recovery Hub.
4. If not already in place, introduce a system to ensure that legal requirements under the Accessible Information Standard are met. In particular, ensure that any communication needs are visibly flagged on files so that staff can act on them and that there is a system in place for this information to be shared with other health and care providers when needed.

About the visit

Background

The RecoveryHub@South Leeds is situated in the Beeston area of Leeds and provides accommodation for up to 29 people who require intermediate care. Intermediate care is a type of rehabilitation support that people can receive for a short while to help them do things by themselves again. This is usually following a stay in hospital but can also be offered to people to help them avoid a hospital admission or move into a care home.

At the time of the visit, the recovery hub was full.

Why we did it

As part of Healthwatch's role, we have a statutory right to Enter and View publicly funded NHS and adult social care services, in order to get the views of people using their services and their relatives/carers. The visit to this service was part of a planned series of visits to care settings in Leeds and had been prompted by the feedback we had received from Leeds City Council.

What we did

This was an announced Enter and View visit that took place on the morning of 27th February 2024 for a 2-hour period. Prior to the visit we left surveys at the home to be posted out to all relatives. The survey packs included a freepost envelope for returning them directly to Healthwatch Leeds.

A team of five volunteers and three Healthwatch staff members carried out the visit. We spoke to residents and relatives on the day and carried out observations around the home. We also spoke to the registered manager.

The survey and the observations focused on six key areas:

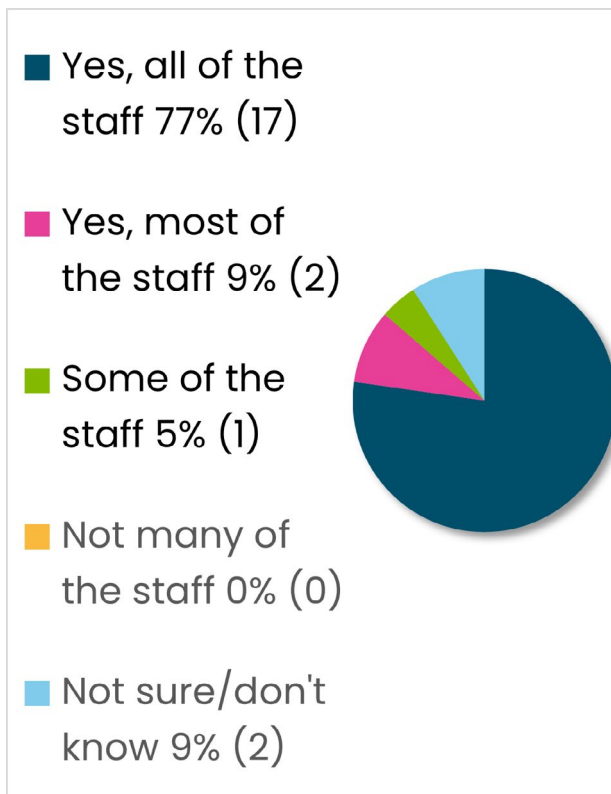
- Quality of care
- Understanding what will happen next
- Choice and involvement in care
- Opportunities to give feedback
- Accessibility of information
- Living environment

We received a total of 22 responses to the survey of which 15 were from people staying at the recovery hub and 7 from relatives/friends.

What we found

Quality of care

Do you think staff at the care home are caring?



The majority of people who were able to answer the question said that they found all or most of the staff to be caring. Staff were described as "kind", "caring", "friendly", "lovely" and "helpful".

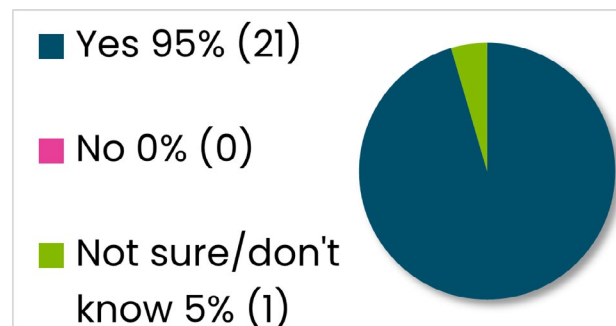


"They are smashing. most of them are extremely kind and caring. They like a laugh and so do I."

"Extremely caring, my relative who was the patient, was so well looked over by the majority of the staff. Even the cleaning staff were caring."

Everyone who was able to answer the question "Do you or your relative/friend always feel safe living at the care home?" (21 out of 22) said that they felt safe staying at the recovery hub.

Do staff always treat you/your relative with respect?



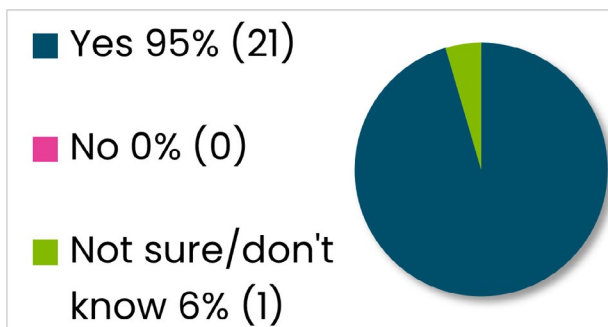
Everyone who was able to answer (21 out of 22, 95%) said they felt that staff always treated them or their relative with respect. This included things like respecting privacy, knocking on the door before entering their room, addressing people politely and calling people by their preferred name.



“They always do. They knock on the door and call me by my name”.

“They’ve been doing a good job, it’s a good job we’ve got dedicated people like them.”

Do you think the care meets your needs (or those of your friend/relative)?



Everyone who was able to answer the question (21 out of 22, 95%) said they thought the care met their needs.



“Definity yes- they are very caring. If I need anything I just ask and they’re very happy to help me.”

“I have become more independent than when I first came in.”

“As a family, we were initially unfamiliar with this type of unit, but the level of care provided made us incredibly comfortable and reassured about my relative’s well-being. Gratitude to the entire team for their remarkable efforts.”

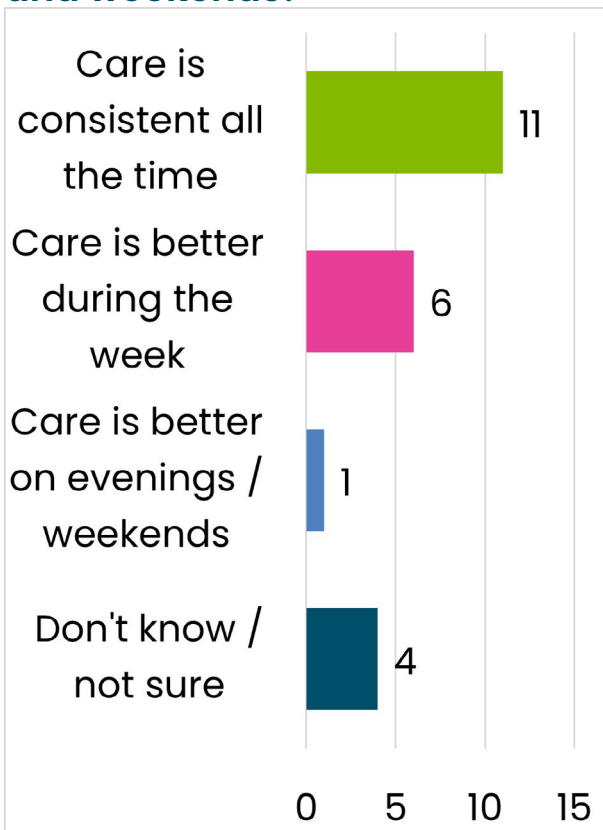
However, three people mentioned that it could sometimes take a long time for staff to come when they called them, especially at night.



“Sometimes you can’t blame them, but because there’s not enough staff if you need something desperately, they can’t always come. It’s a bit distressing when you want to go and you can’t, especially at night time.”

During our visit, people were up and dressed and looked clean and well cared for.

How do you think care during the week compares with evenings and weekends?



Whilst 50% people said that they felt that care was consistent all the time, six respondents (27%) said that they felt that care was better during the week. Some people mentioned they thought that staffing levels were lower during evenings and weekends and that it could take longer to receive care.



“Weekends less staff on, but you can only understand that. I notice it at weekends and nighttime.”

One person mentioned that even if staff are busy, they still come and see them to let them know.

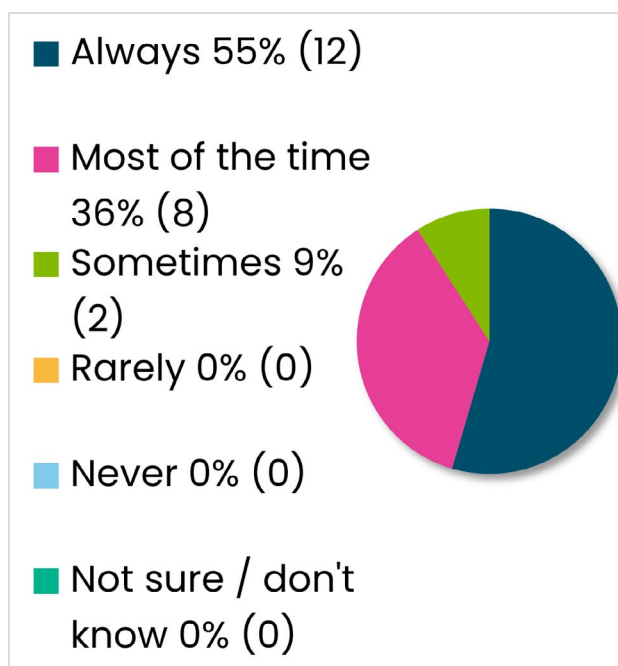


“If I do call a member of staff they come and ask what I need and would let me know if they are busy.”

Choice and involvement in care

We asked people whether they felt that they were given choice about their daily routine. For example, what time to get up and go to bed; bathing and showering; what to wear; what and when to eat; and when you want to see friends and family.

Do you feel that you are given choice about your daily routine?



The majority of respondents (91%) said they were given choice always or most of the time.



“In the morning, I take my medication myself, but they remind me. I tell them what I want to eat, and they bring it and if I want more they will bring more. I choose what I want to wear each day and I dress myself as much as I can.”

“I ask to be woken up at 7. I choose the time I get washed.”

“They let my mum make her own choice as to when she was ready for bed, adopting the same routine as at home.”

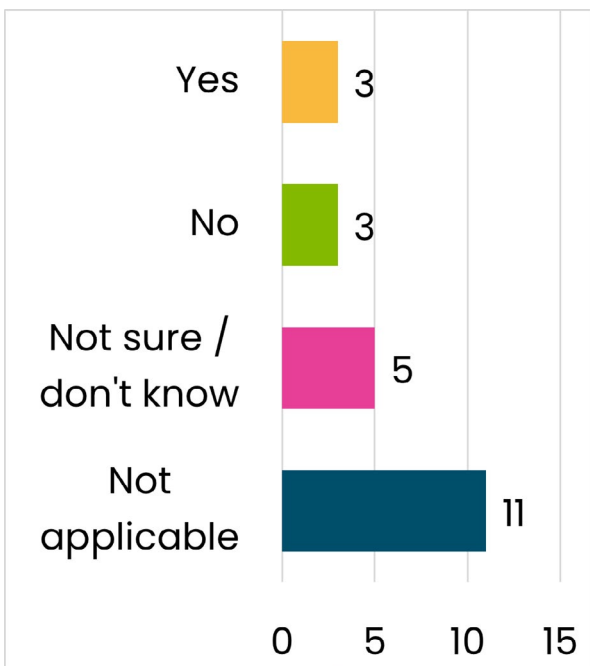
“I do what I like - sometimes I don't want to do anything.”

One person described how it felt when they weren't given a choice about food.



“They usually ask you what you want for lunch time, but they didn’t ask me today. That really gets to me because I like my choice.”

Does the recovery hub actively ask about and support any cultural or religious needs or preferences that you or your friend/relative has?

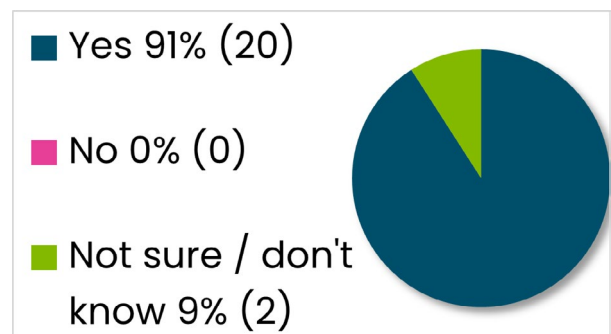


There was a mixed response to this question with some people not sure about whether they’d specifically been asked about cultural needs and preferences. Only three people (14%) said they’d been asked, although a couple of people said they felt that they thought that the recovery hub would accommodate their religious needs if they asked.



“I haven’t asked for a priest, but I hope if I asked, they could arrange for one.”

Are you or your friend/relative supported to be as independent as you/they want to be?



Everyone who was able to answer this question (20 out of 22. 91%) said that they or their relative were supported to be as independent as possible. For example, when taking medication, getting dressed/washing, eating and drinking.



“They promote independence as much as they can which is a good idea which gets people on their feet sooner, I think it’s a good idea so as long as they don’t go too far with it.”

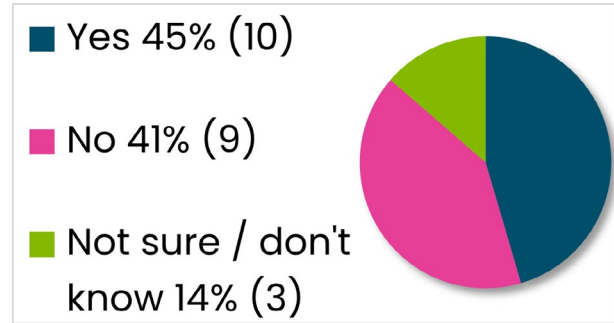
“I wash the bits of me that I can reach. They encourage me to do what I can do.”

Four people mentioned that they were supported to take their own medication.



“I feel like I’m getting the right treatment here to help me they bring me the medication and explain what it is.”

Has there been any discussion about the next steps after receiving care here?



Just under half of the respondents told us that either they or their relative knew what the plan was for when they left the recovery hub.



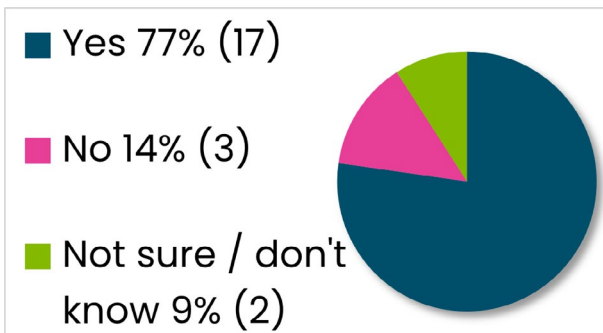
“I’ve been talking to social worker, she’s been good and understanding, I met her once but need to talk to her again about the next step.”

Others were not clear as to what the next steps were and when they might go home or to a different care setting. A couple of people said that this was because they’d only been in the recovery hub for a short time.



"I think it's a bit early, I've only been here for a week."

Have you/your relative or friend received any support from specialists, for example, physiotherapist or occupational therapist?



The majority of people we spoke to described getting support in the recovery hub from an occupational therapist or physiotherapist. The manager told us that everyone has a 'kitchen assessment' at the end of their stay to ensure that they can manage doing basic tasks before going home.



"Helps me walk - I walked from my chair to the door. Next week I will be walking in the corridor."

"They tried to see what I could do - I made a cup of tea".

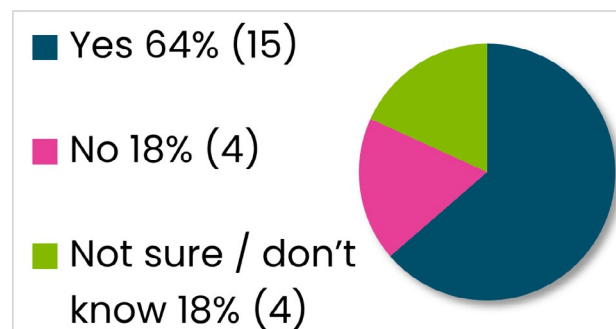
One person who answered 'no' to this question, went on to explain:



"They plan to get me moving but at the moment I cannot put any pressure on my foot. They come and see me and talk to me regularly."

Opportunities to give feedback

Would you know who to talk to if you had a concern or wanted to make a complaint about this care setting?



The majority of people we spoke to (64%) said they would know who to talk to if they wanted to raise a concern or complaint, saying they would speak to a care worker, nurse or the manager.



“I would tell the girls if I was not happy. They ask if I have any problems. I said to her that it can take too long for them to come in the day when using the buzzer and she reported it.”

“I’m happy but if I want to complain I guess I’ll tell the nurse.”

A couple of people mentioned that they didn’t currently have any concerns and one person said that they’d be afraid to raise a concern for fear of staff treating them differently.

Accessibility of information

We asked the manager what was in place to ensure that the care home was meeting its legal obligations under the Accessible Information Standard (For more information about the Accessible Information Standard, please refer to Appendix 1)

We were told by the manager that any communication needs were identified at referral and that these were included in people’s care plans. Examples of how people’s communication needs could be met were given such as use of Language Line, BSL trained staff, use of picture cards. However, the manager didn’t describe a system where people’s communication needs are flagged in a way that is highly visible to all staff or how these are shared with other health and care providers when needed.

Living environment

The recovery hub was generally clean and tidy. It was busy but not chaotic with people responding to people's needs and call bells at a steady pace. We heard frequent beeping from bed absence and chair movement sensors as well as call bells. We observed staff responding promptly to these.

The recovery hub felt spacious, and corridors were clear. There were notice boards full of relevant information but not all notices and posters had review dates on them. There was an activities timetable and a feedback survey. There was a 'meet the nursing team' picture board on the first floor and we observed people's names on the doors of their rooms.

The lounge areas looked comfortable but were empty as most people were in their rooms during our visit. We didn't observe any activities going on despite the newsletter saying that there would be a session with Yorkshire Dance on Zoom at 11am every Tuesday. However, we did observe a couple of people eating their lunch in the dining room, who appeared to be enjoying chatting with each other and a staff member.

A few people we spoke to commented on a lack of activities at the recovery hub.



"There's nothing going on here, it's just walking round, I've been asking for bingo, but I don't think anyone is up to it here from what I've seen. You're not allowed to go outside."

It was not clear whether the weekly activities advertised in the newsletter such as bingo, quizzes, singing, movies, visit from the therapy dog and pamper sessions were all taking place. One person did mention that they enjoyed the visit from the person from Leeds United who facilitated an exercise class. We also noticed in the newsletter encouragement for people to talk to staff about any hobbies, interests or attendance at day service groups that they would like to continue whilst in the recovery hub.

Other feedback and suggestions

We provided space on the survey for people to share any other feedback they had. There were several positive comments from people about the care they or their relative had received.



“Very good, professional care. The staff make patient’s relatives feel welcome. More of these centres are needed.”



“The service by all staff was exceptional and my mum and us as a family were not only very grateful, but comfortable with the care she received whilst in the unit.”

“I can’t really fault them, all been very good I must say. When there was an emergency, they were there for you, all very kind.”

There were five positive comments about the food, regarding quality, portion size and choice.



“The food is lovely, there is a choice of two things for dinner and we get enough.”

Our recommendations

1. Review staffing levels at evenings and weekends to ensure they are sufficient to meet the level of need of people staying at the recovery hub.
2. Review systems for documenting and acting on people's cultural and religious needs so that these are more consistently met.
3. Ensure that people staying at the recovery hub and their family carers are regularly involved in and communicated with about next steps for their care following their stay in the Recovery Hub.
4. If not already in place, introduce a system to ensure that legal requirements under the Accessible Information Standard are met. In particular, ensure that any communication needs are visibly flagged on files so that staff can act on them and that there is a system in place for this information to be shared with other health and care providers when needed.

Next steps

The report will be shared with the RecoveryHub@SouthLeeds, Leeds City Council and the Care Quality Commission (CQC). We will agree with the RecoveryHub@SouthLeeds the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow-up work required to ensure there are real changes made to the services so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

Thank you to everyone who took the time to share their feedback with us, and to staff at the Recovery Hub @ South Leeds for welcoming us on the day. Thank you also to our Enter and View representatives Parveen Ayub, Tatum Yip, Rameesah Ahmed, Dianne Parker, Denise Wall, Jane Mischenko, John Beal and Graham Prestwick for undertaking the visit.

This report has been written by Harriet Wright, Community Project Worker at Healthwatch Leeds.

Appendix 1

Accessible Information Standard

The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The NHS and adult social care services must comply with the Accessible Information Standard by law.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs in a set way.
3. Highlight or flag a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
4. Share information about a person's needs with other NHS and adult social care provides, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

More information about the Accessible Information Standard can be found at <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>



**Committed
to quality**

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

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