

**Patient Experiences of a stay in the
Acorn Rehabilitation Unit, Barnsley
October 2023**



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About Healthwatch Barnsley

Healthwatch Barnsley is your local health and social care champion. From Penistone to Goldthorpe and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

If you recently visited your GP or local hospital, or used any health and social care services in Barnsley, we want to hear from you. Whether you've had a good or bad experience we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you say.

We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you get the support you need. Our service is free, simple to use and can make a real difference to people in Barnsley and beyond.

Find out more about us on our website www.healthwatchbarnsley.org.uk



Our vision

A world where we can all get the health and care we need



Our mission

To make sure people's experiences help to make health and care better



Our values

- Listening to people and making sure their voices are heard
- Including everyone in the conversation – especially those who don't
- Always have their voice heard
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change
- Partnering with care providers, Government, and the voluntary sector
- serving as the public's independent advocate

Project background

The Acorn Rehabilitation Unit in Barnsley is for people who need extra support, care and rehabilitation. The unit provides care that prevents many hospital stays and supports patients on discharge from the hospital, for patients whose intermediate care and rehabilitation cannot be provided in their own homes.

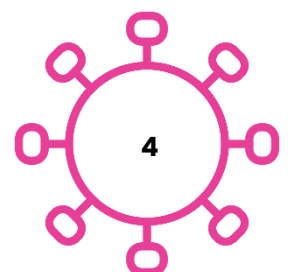
Staff on the unit work closely with patients, carers and community health and social care staff to provide therapeutic assessment and treatments.

The unit aims to support people to achieve optimal independence and patients may be referred to the Acorn Unit if:

- They are registered with a Barnsley GP
- They have been unwell, or in hospital and require a further period of rehabilitation before going home or to their usual place of residence
- They may currently be in hospital but have been identified and medically well enough for discharge but need ongoing support
- They may have been seen by the hospital or community therapy or nursing team who feel they would benefit from intermediate care intervention.

The Acorn Unit was originally based on the top floor of Barnsley Hospital opening in 2017 to rave reviews and attracting regional and national attention. During the Covid 19 pandemic the service was moved to free up hospital beds, and in February 2021 the decision to procure a new delivery service for intermediate care was approved with the unit being moved to Highstone Mews Care Home, Worsborough Common in June 2021.

A review of the unit is currently being undertaken by NHS South Yorkshire and Healthwatch Barnsley were given the opportunity to speak to some patients who have recently been discharged from the unit about their experiences.



What we did

Due to timescales and having Covid cases on the unit and in the care home it was decided that the best way to proceed was to be via telephone with patients who had recently been discharged from the unit.

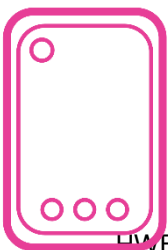
On leaving the unit patients and/or their carers were asked if they would give permission to be contacted via telephone by a member of the Healthwatch Barnsley Team to talk about their experiences of their stay. The names and contact details were then passed direct to Healthwatch Barnsley who in the first instance contacted the patient or carer to arrange a suitable date and time for the conversation to take place.

We put together a semi-structured interview to ensure that people were being asked the same questions and for us to capture responses which could be categorised into themes. These included;

- Length of stay
- Communications and signage
- Décor, fixtures and fittings, equipment
- Signposting to other services on discharge
- Location
- Did the unit meet the patients need
- If money was no object what would the patient like to see if the unit was relocated to a new or re-purposed building

This format also allowed us to explore any new themes that could arise in the interview.

We were given contact details for 9 patients or their carers but unfortunately we were only able to conduct conversations with 5 of them.



We spoke to 4 men and 1 woman patient and the length of stay on the unit varied from 5 days being the shortest to 1 month being the longest.

What people told us

Length of stay

The majority of stays were for 2 weeks which is the average time on the unit, people told us that this is the time they expected to be on the unit for and that it was discussed/planned with staff and the patient/carer/family members so everyone was aware of the discharge date.

One patient was discharged a day earlier than originally expected which they felt was because the bed was needed by someone else but it wasn't a problem and they felt ready for home.

One patient told us he didn't have any idea of how long he was expected to stay, he was waiting at Northern General for a bed to become available but his son visited him every day and was kept updated by staff as to what was happening. Once on the unit staff regularly spoke to his son about his progress and his discharge was well planned.

Communications

All the patients we spoke to said they were met on arrival and were informed what the plan was, how long the stay would be and given opportunity to ask any questions.

Communication with staff on the unit was brilliant, although they often seemed understaffed they would get to you as soon as possible if you rang your bell – or they would come and see what the problem was and if it wasn't immediate they would tell you when they were coming back for example, in 15 minutes when they had dealt with something more urgent.

Décor, fixtures and fitting, equipment

We had a mixed response to this question with the majority saying that the furniture and décor "looked tired" or "could do with sprucing up" although all agreed it was fit for purpose. Each



of the patients had an en-suite containing a toilet and sink and then access to a shared wet room.

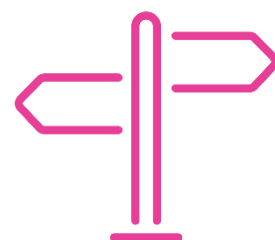
One of the patients we spoke to was a double amputee and he didn't feel that the rooms (especially the toilets) were equipped to deal with this. He didn't have any problem with the doors leading into the toilet but once inside he said there was very little room to manoeuvre.

There were reports of baths being inaccessible as they were filled with broken or unused equipment. One patient did not have a bath or a shower for the 2 weeks they were in the unit, he was given a strip wash by staff or left to his own devices if they were busy.

There were also conflicting reports on the cleanliness of the unit with one patient saying their room and en-suite was cleaned every day and another saying their room was only cleaned after the family had complained that the floor was "filthy"

Signposting to other services on discharge

In the main, appointments for community physio sessions were arranged on discharge and any district nursing appointments made before the patient left the unit. There were no leaflets or information given on other services that may have been able to offer support to either the patient or their carer.



One patient was given the number for Children's Services instead of Adult Social Care. One of the carers rang the main Council switchboard to speak to someone about respite and was again given the wrong number for Adult Social Care.

Location

The general feeling is that the unit benefits in being in an out of town location with good transport links and parking. There was a feeling if the

unit was near to the town centre there would be problems with visitors parking and anti-social behaviour, two of the patients mentioned a rural setting being good for their mental health as it was quiet and views of the countryside would improve their wellbeing. No one we spoke to found the current unit difficult to get to. The only criticism was that women visitors could feel unsafe as the unit is in, what could be classed to some as an undesirable location, especially during winter with the dark nights.

It was also mentioned that the unit would be better sited as an independent service and not connected to a care home which was still in use as the two do need to be separate.



What worked and what could have been better

The patients their families/carers were really grateful for the care they received while on the unit, “the staff were always friendly and polite and couldn’t do enough for you, despite being run off their feet.” Medication was always given on time and any buzzer was answered promptly and the problem sorted as soon as possible. One family member who works in the community as a carer was full of praise for all the staff

“They took care of my dad like I would. He always looked smart, well dressed and they really thought about this. He was always dressed appropriate for the weather and was always clean.”

Patients felt like they could have been encouraged to do more independently, one reported having to sit on a pressure pad that alerted staff when he moved, so they came rushing in to make sure he was ok. There were instances where patients who should have had daily physio were seen every other day and when families questioned this they were told that them helping the patient to dress was classed as physio. Patients feel they would have benefited from the use of a Day Room or communal space. There is one on the unit but it is full of broken or unused furniture. The patients were just left to sit in their own rooms every

day/night and staff popping in and out and visits from family were the only contact they got.

If money was no object what would patients like to see in a new or repurposed building?

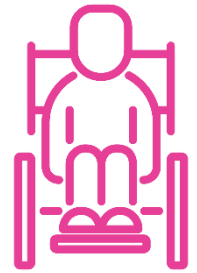
All the patients we spoke to mentioned a communal facility, somewhere that residents could meet up, have a chat, play a game or even watch tv together, they felt socially isolated being in their individual rooms all day. One patient did venture out and visit other patients so they had some company but they pointed out not everyone is comfortable approaching other people in that kind of scenario. It was also mentioned that the communal space could be used for some gentle group exercise classes as this would save some physio time not having to see all patients individually, it would encourage others to do some physical exercise and it is a good icebreaker to meeting other residents.



Food was mentioned several times in our conversations with patients telling us there was no choice of what they had to eat and it just felt as if they were getting what residents in the care home downstairs didn't want. One patient mentioned being given cocktail sausages and crisps as their evening meal and another told us their food came pureed when they are more than capable of eating normal meals. Another told us they were missed at breakfast time so given a few "snacks" to keep them going until lunchtime. Staff were always apologetic over the "appalling meals" A family member claims to have overheard a conversation between staff and the owner regarding the quality and choice of meals for staff to be told "if the NHS wants better food and facilities they are going to have to pay for it"

One of the patients we spoke to did say that he had not had a problem with any of the meals, he was always given a choice and the meals were always hot and plentiful.

There was mention of the ideal unit being built on a single level making access easier and if it was in a rural setting patio doors leading to outside areas where patients could sit out in good weather with family or other residents. The current facility does have a lift but the lift does not accommodate a stretcher so ambulance/paramedics/transport staff have to use the stairs.



Last but not least if money was no object an indoor swimming pool would be the number 1 request as it would benefit lots of patients and aid their recovery as well as being a great form of exercise.

Next steps

Due to timeframes and Covid restrictions we were only able to gain the experiences of a small percentage of patients who have used the Acorn Unit and because of the Covid restrictions we were unable to enter the unit to verify and observe some of the comments. We would however be more than happy to speak to NHS South Yorkshire if there was any future work to be commissioned on patient experience in this unit.



Thank you

To NHS South Yorkshire (Barnsley Place) for involving us in this work.

Thank you staff on the Acorn Unit for gaining patient consent and passing onto us in a timely manner – your patients think you are doing a fab job!



Thank you to the former patients of the Acorn Unit, their families and carers for sharing their experiences with us.

For more information

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