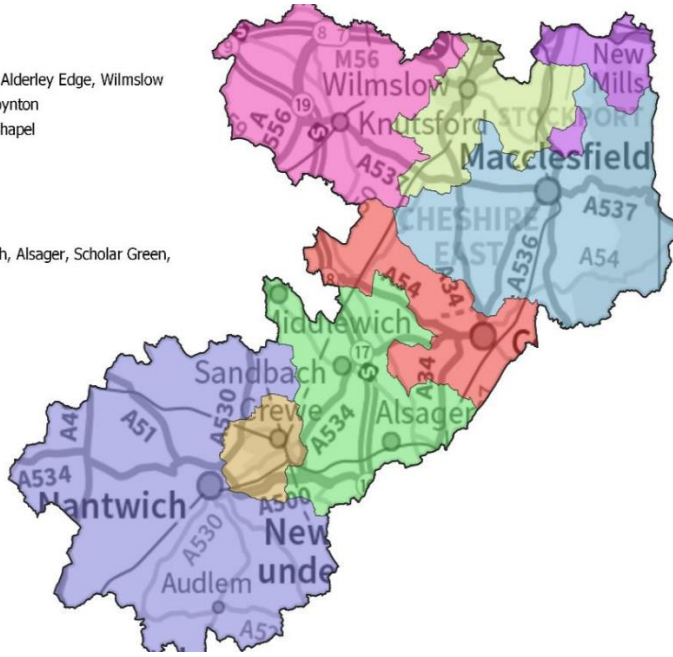


- Cheshire East
- Care Communities
- Chelford, Handforth, Alderley Edge, Wilmslow
- Bollington, Disley, Poynton
- Congleton, Holmes Chapel
- Crewe
- Knutsford
- Macclesfield
- Nantwich and Rural
- Sandbach, Middlewich, Alsager, Scholar Green,



Cheshire East Community Reablement Service Report

June 2024

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1. Background

1.1 During March 2024 Healthwatch Cheshire East undertook an independent review of the Cheshire East Community Reablement Service (formally registered with Care Quality Commission [CQC] as Cheshire East Council Domiciliary Care Service), to gain an understanding of people's experiences of using the service during the past six months, highlighting areas of good practise, and to make recommendations.

What is Healthwatch?

1.2 Healthwatch Cheshire East is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England. As part of our core activity, we seek the views and experiences of residents of Cheshire East to help inform how health, care and wellbeing services are planned and delivered. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use. We also share people's local views with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.

1.3 More about our work can be found at:

www.healthwatchcheshireeast.org.uk

What is the Community Reablement Service?

1.4 Cheshire East Council and Cheshire and Merseyside Integrated Care Board provide joint funding for the delivery of the Community Reablement Service.

1.5 The following information is taken from the Cheshire East Council Community Reablement Service Specification:

1.5.1 **Introduction**

The Community Reablement Team provides a short intervention service for a period of assessment, the maximum period for this service is no longer than 6 weeks. The Community Reablement Team covers 21 hours a day, 365 days a year, covering the whole of Cheshire East. The

service is free of charge to people who require reablement support and is funded by the Better Care Fund.

The following map indicates the geographic area covered by Community Reablement.

1.5.2 Service Vision

The Community Reablement Team works as part of the integration with health and work to the Home First model of service delivery. The service provides Social Care support to adults to maximise independence and supports individuals to aid their recovery to avoid dependence on longer term services.

1.5.3 Overall aims and purpose of the service

The service works with individuals to develop personalised care and support in their own home. The staff work with the individual within the first 72 hours of them being discharged from hospital or experiencing an escalation of their health and social care needs and requiring support at home. Staff will focus on the individual regaining independence, and support back to their baseline before being admitted to hospital or work with people to avoid admission to hospital. The team also work with other services and agencies to provide innovative and responsive solutions.

Services would include support to maximise independence in the following areas:

- *Support with Personal Care and develop daily living skills*
- *Support with meal preparations*
- *Support with the administration of medication*
- *Support with Therapy*
- *Complete NEWS2 observations as part of the General Nursing Assessment*
- *Complete enhanced assessments for people with a diagnosis of Dementia*
- *Manage mental health and physical health conditions*
- *Access assistive technology/aids and adaptations*
- *Access community groups and activities to reduce social isolation*
- *Minimise harm from others (protection of vulnerable adults)*

- *Increase confidence and self-esteem*
- *Access suitable transport/travel training.”*

2. What did we do?

2.1 To ensure the review was of most benefit, a pre-determined set of questions was agreed in consultation with Community Reablement Service team members and used by Healthwatch staff to undertake semi-structured interviews. Dependent upon the flow of the conversations, additional follow up questions were asked for exploration and clarification. The responses have been listed by each question in Appendix A.

2.2 The Community Reablement Service provided an anonymised list of people who had accessed the service over the previous six months. Healthwatch Cheshire East then randomly selected a sample size of 20 people to interview to gain their views of the service they had received. Once selected, permission was obtained by the Community Reablement Service for Healthwatch to meet with each individual. Of the 20, 16 people consented to taking part and at the point of scheduling, 14 people were available for visits to take place during March 2024.

2.3 All interviews took place in the person’s home, where necessary with support from a family member or friend. In order to ensure consistency, three Healthwatch staff were used on the review, and at each interview there were always two members of the Healthwatch team present. In some instances, conversations included viewpoints from family members who were present during the visit.

2.4 The 14 people interviewed were Cheshire East residents discharged from Macclesfield Hospital (East Cheshire Trust), Leighton Hospital (Mid-Cheshire Trust) and Stepping Hill Hospital (Stockport NHS Foundation Trust).

3. Summary of Findings

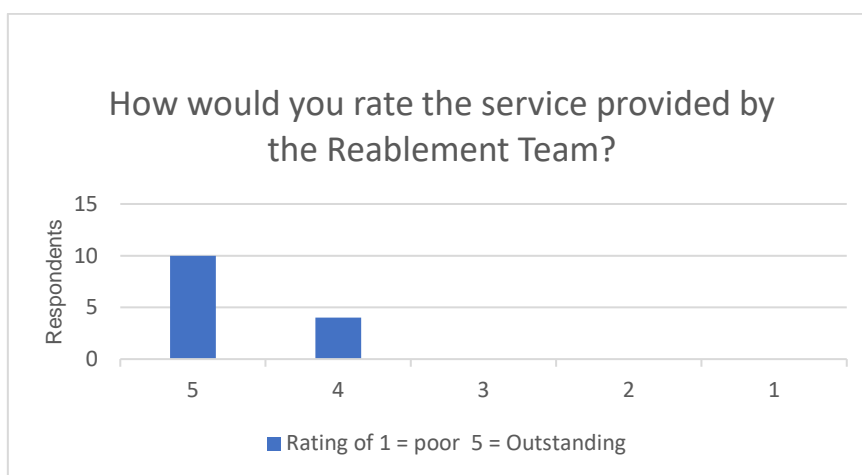
(Full responses are included in Appendix A.)

3.1 Overwhelmingly, Healthwatch team members commented upon how **positive** each person they spoke with was about the service they received, and the standard of **care, compassion and support**.

3.2 *“It was very heart-warming to listen to each individual and to hear how thankful they were to the caregivers for all the help and support.”*

Healthwatch team member

3.3 Participants were asked to consider how they would rate the service they received from the Community Reablement Team overall, with 1 being poor and 5 being outstanding.



3.4 All were **very positive** about the help and support they received, with 10 outstanding and 4 good responses.

3.5 People spoke very highly of the care they received, and of the **kindness and professionalism** of the carers. It was clear from the conversations that participants and their families appreciated that the carers often went ‘the extra mile’ to provide appropriate support.

“Perfect, couldn’t praise the service enough, the ladies who came were all lovely, nothing was ever too much trouble.”

“I was always treated with dignity and respect, help and support offered was always explained before it was carried out. The carers were always offering additional support to help.”

3.6 Most people felt their **independence** had been supported throughout their recovery, and that their **confidence** had improved as a result of the support given by the reablement team.

☺☺ Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.

☺☺ This has been a critical part of being able to live independently. It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement Team.

Without this service the daughter told us that her mother could have ended up in residential care.

☺☺ Most definitely, I wouldn't have been able to stay on my own without the support.

3.7 Some people needed more support from the service than others. Whilst some participants felt their confidence was fine and that it was practical help they needed, others spoke of how even just having the carers present, knowing that they were there to lean on or ask for help when needed, **helped to build their confidence.**

☺☺ I hadn't thought about it, but yes support from carers being there did help me build my confidence in a way, knowing they were here.

☺☺ Yes, encouraged to help build my confidence. You're encouraged to do things yourself with support there if ever needed it.

☺☺ I didn't feel like the service built my confidence a lot as I am fairly confident anyway.

3.8 People talked about how they were always treated with **respect and dignity**, given choices in the way that they were cared for.

☺☺ I was always treated with dignity and respect, help and support offered was always explained before it was carried out. The carers were always offering additional support to help.

☺☺ Yes, coming out of the hospital by the Reablement Team yes. In the hospital they make you lose your independence; they want you to stay in

bed. Incontinence was an issue in the hospital but hasn't been since I have been home.

☺☺ Individual was supported in finding their independence for themselves with the help of her husband and the support of the carers. They were able to make choices on their care and when they needed support with different things. When the wife was ready husband was able to help his wife with personal care.

☺☺ Yes, the carers listen to what we want and what suits best. For example, not getting dressed and up until lunch time as she found the early morning routine was very tiring.

3.9 People told us that they were **able to choose** when they felt ready for the reablement support to cease.

☺☺ Yes, I chose to the end the service when I felt confident. I didn't want to take the service away from others knowing how valuable the service is.

☺☺ Yes, we realised we didn't need the support, so we arranged for the support to end after a couple of days.

☺☺ The support was enough, I became independent and no longer needed the support. I was assessed once a month to see how I was doing, they quickly realised that the support was no longer needed so came to an end.

3.10 One person in particular spoke about the **limitations** of the service given their condition, and their living circumstances. Whilst they valued the support from the reablement service, they were limited due to their bungalow not having a ramp, and therefore felt the physical recovery goals they had been set could not be attained. They also commented that they are not able to fully use their bathroom as getting in and out of the bath is not currently possible, saying they would like a wet room because currently all they can do is have a bed wash.

☺☺ Initially occupational therapist said she couldn't come home as her bungalow didn't meet her needs. Boyfriend cleared the bungalow of

clutter, re-decorated, and got new flooring throughout as she didn't want to go into a care home. Once this was done OT agreed she could come home.

3.11 **Communication** was good in most people's experience, however before leaving the hospital some people felt that the process, what was happening next and the reablement service, wasn't communicated as well as it could have been. Others who had a family member present felt that the explanation of the process and what to expect was communicated well.

When I was in hospital nobody really talked me through what was going to be happening, it came as a shock. When the carers came, they were very good and explained why they were here and what they would be doing. They were very good.

Mum was in Leighton Hospital before coming home and receiving support for around 4 weeks. There was a delay in discharge as there was a confusion over which department was in charge of mum's care. I was very cross really as it was all very last minute, and nobody really talked to us about mum finally being discharged.

3.12 People were very positive regarding the communication with the reablement team throughout their recovery process.

Yes, they came the next day. I have the same three people that come, and I never had to repeat myself.

Yes, I was able to have good communication and a joke with the carers.

Communication was very good, able to pick times for the physio to come and see them, if one health care professional was here the other would step out. There was really good communication and organisation between everyone. Great team.

Good communication with the carers, they gave a time they were attending to see mum and they were here for that time. If for some reason the time would change, they would let us know. Mum knowing what time

they were coming helped her trust in the support. As a family having set times enabled us to work around the support.

3.13 Lack of **transport** came up as a **barrier** to accessing additional services for some people.

☞ I was sign posted to an exercise class, I didn't go as transport was an issue.

☞ Transport would be an issue regarding going to community groups as she is reliant on her husband, and whilst he said would be happy to take her to a group, Healthwatch felt that perhaps his wife didn't want to add any additional activity or pressure.

3.14 It appears that some signposting to community support/activities/engagement had taken place, but this was not consistent. People again spoke of transport being an issue and there did not appear to be any further information given as to where people could seek further information or support with this. **Social isolation** was an issue for some people, even if they had a carer. Healthwatch staff told people about community groups in their area and agreed to forward on information about groups and any transport suggestions in areas where applicable.

☞ One woman told Healthwatch that although they live with their husband, they are missing good conversation with other people and feels as though she is losing conversation. She is keen to be more proactive, taking one day at a time and has recently been able to walk down the street. She is a keen painter who would love to be a part of a painting group where she would continue to learn and improve her painting skills. Her husband would possibly benefit from some time out or a break as along with caring for her, they are also carers for their daughter who has mental health issues and they find it very hard to deal with.

3.15 Where required and appropriate people reported being discharged from hospital with **medication and suitable aids** to support them at home. However, equipment being picked up and returned was an issue – people

still had the equipment but weren't sure how to return it as they no longer needed it.

☺☺ I didn't have any medication with me, the British Red Cross picked them up and delivered them.

☺☺ Yes, several medications, a hospital bed, commode and a stand.

☺☺ I already had perching stool and walking aids.

☺☺ Yes - walking frame, crutches, raised toilet seat, handrails, grab rail.

☺☺ Perching stool, crutches, toilet frame, walking frame and commode which I didn't use.

3.16 There were mixed responses regarding whether **activities** were set whilst using the service to promote people's recovery and mobility.

☺☺ The carers set me little activities daily to help me.

☺☺ Person didn't think any activities were set.

☺☺ Physio had set me things to do, they are achievable. I am taking each day as it comes.

☺☺ No activities set, just supported until able to get back to normal.

☺☺ Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.

3.17 All the people spoken with felt that the support they were given still allowed them to **retain control and choice** over how they were supported. People spoke of reablement team members taking time to listen to their needs providing individually tailored support and not simply 'one size fits all' approach.

☺☺ Yes, listened to us patiently, and listened that in the last week we only needed them for one day. We got to pick the times the physio came and if one other healthcare profession was there the other would step out. They were very good.

☺☺ Individual was supported in finding their independence for themselves with the help of her husband and the support of the carers. They were

able to make choices on their care and when they needed support with different things. When the wife was ready husband was able to help his wife with personal care.

3.18 There were mixed responses regarding whether people or their carers had received information about the **carers scheme**.

☺☺ I do have a carer but I'm also a joint carer for my daughter. I haven't been sign-posted to any carers scheme but would like to receive some information on the Carers Trust.

☺☺ Yes, we were given Carers Trust information.

☺☺ No - Healthwatch gave the Carers Trust information and website details.

4. Conclusion

4.1 It is clear from conversations with people receiving reablement support and their families that this is a highly respected and valued service providing invaluable support to people during the transition from hospital to home. The responses strongly suggest that people are given tailored support to help with their physical recovery and their overall confidence.

4.2 Seldom has Healthwatch come across such high praise and support for a service for which there is a genuine need. A strong example of this is a daughter telling us that without this service, her mother may have needed to move to residential care. This support has been a critical part of her being able to live independently.

☺☺ "It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement Team".

5. Recommendations

1. Ensure effective communication about the service when in hospital with written information accompanying people on discharge to avoid any confusion.
2. Give more consistent, up to date and good quality signposting to community-based support and services.
3. Investigate local transport options for people who are signposted to community groups to avoid this becoming a barrier to attending.
4. Improve signposting to carers schemes and support services such as the Carers Trust.
5. Improve signposting to other health and care services upon completion of the Reablement Service's support.
6. Consider implementing a follow up visit/call a certain time period after the support has finished to ensure the individual is continuing to cope, and is taking advantage of the signposted support being offered.
7. Ensure that the correct aids and equipment are issued appropriately, and that people have agreed that it is what they need and will use.
8. Where living accommodation is not fit for purpose, ensure that the individual has the correct contacts regarding who to approach for support with home assessments and adaptations.
9. Ensure people know how to return equipment when they no longer require it.

Service Provider Response

"I am very pleased with the overall report, it is very thorough and will not only showcase the great outcomes we achieve for our customers, but will also be a learning tool for where we as a service can make improvements to service delivery. I have already reflected on some of the feedback and will work with the registered manager to action the recommendations some of which are in relation to joint working with our health colleagues, and this report will strengthen our integrated work."

Joanne Hobson

Operations Manager

Adults, Health, and Integration

Cheshire East Council

Recommendations with responses:

1. Ensure effective communication about the service when in hospital with written information accompanying people on discharge to avoid any confusion.

Whilst the survey was taking place, we have developed a Reablement leaflet that all hospital wards have been issued with to give to patients who are going to receive Reablement services upon discharge. Work continues to strengthen the communications between Reablement Services and the hospital wards.

2. Give more consistent, up to date and good quality signposting to community-based support and services.

There are now stronger links with our local area coordinators and community connectors, and we will invest time to improve in this area.

3. Investigate local transport options for people who are signposted to community groups to avoid this becoming a barrier to attending.

Reablement are currently not involved in the community groups signposted by health. We will speak with our health colleagues regarding your feedback and how we can strengthen this. There is also ongoing discussions with health regarding the therapy exercises we offer to support people at home who cannot access the local community.

4. Improve signposting to carers schemes and support services such as the Carers Trust.

The carers scheme came to an end whilst the survey was taking place, however we have the links to the website to signpost people and will explore ways of improving communication to ensure carers are given information about the Carers Trust.

5. Improve signposting to other health and care services upon completion of the Reablement Service's support.

We will adjust our customer feedback form to incorporate a question in relation to any other interventions the person maybe interested in and can be signposted to.

6. Consider implementing a follow up visit/call a certain time period after the support has finished to ensure the individual is continuing to cope and is taking advantage of the signposted support being offered.

This is not in the remit of the service level agreement as once the Reablement assessment has been completed our intervention ends. We do advise all customers if they require any further support or care intervention, how they can contact the Social Care First Point of Contact Team or their GP. We will reiterate this again with the whole team to ensure this is taking place. If the person moves to long-term care needs, then the Social Worker holds a review annually.

7. Ensure that the correct aids and equipment are issued appropriately, and that people have agreed that it is what they need and will use.

This is completed by the occupational therapists on the hospital wards and we will feed back the information of your recommendations. If the person has already returned home and we identify equipment is required, we can prescribe low level aids/equipment or complete a referral to request an occupational therapist visit.

8. Where living accommodation is not fit for purpose, ensure that the individual has the correct contacts regarding who to approach for support with home assessments and adaptations.

As response at question 7.

9. Ensure people know how to return equipment when they no longer require it.

Until recently all equipment had to be disposed of by the person as equipment services no longer collected. We do signpost people to donate to local charities and the new equipment contract now has a returns policy. We will ensure these details are given to people receiving our service.

Appendix A

All Question Responses

14 people were interviewed.

1. How long did you receive support from the Reablement Service (n.b. service is designed for between 72hrs and 6 weeks)?

- I was in hospital in December 2023 as my hip had popped out (has Parkinson's), I was then re-admitted in January as unfortunately it had popped out again. I was supported by the re-enablement team for 6 weeks at home.
- I was in Macclesfield Hospital 24 Oct – 21 Nov as I had broken my hip and required an operation. However, the operation didn't work and I was in there again from 13 Dec – 17 Dec for a further operation which has been a success. I received reablement from 21st Nov until I was re-admitted. Upon being discharged the second time I was told there wasn't any available. I was told I would be admitted to Congleton Hospital. I said I would rather be at home and have relied on friends to help me out.
- Following a stroke they were discharged from Stepping Hill Hospital on 23 December, the reablement service have been coming every day since 4 x daily.
- I had been in Macclesfield Hospital then on to Aston Wards before arriving home and receiving reablement support for a few weeks. I received morning visits from the carers.
- I was in Macclesfield Hospital and then received support from the Reablement Team for around six weeks.
- I was in Leighton Hospital and then came home and received support for two and a half weeks and they came three times a day.
- I received support for nine weeks one morning visit.
- I received support after being in hospital for two and a half weeks. The carers came three times a day.
- I was supported for five weeks. The reablement process was explained while I was still in hospital, with myself and daughter. I wasn't really with it as I had been so unwell and lost my husband.

- I received support for four to six weeks. Four times a day to start with.
- It was explained that I would be getting five weeks. I trialled a day to see if I could cope before it ending.
- Four weeks.
- A couple of days.
- I received help for three weeks twice a day, morning call and lunch time call.

2. How did you get home from the Hospital?

- My daughter brought me home.
- The ambulance team brought me home both times and got me settled, ensure I had a drink and was comfortable.
- Came home via ambulance. Initially occupational therapist said she couldn't come home as her bungalow didn't meet her needs. Boyfriend cleared the bungalow of clutter, re-decorated, and got new flooring throughout as she didn't want to go into a care home. Once this was done OT agreed she could come home.
- Hospital transport.
- Husband.
- Family member.
- Hospital transport.
- Family member - daughter.
- Family member.
- Red Cross.
- Hospital transport.
- Red Cross.
- Family member.
- Family member.

3. Leaving the hospital were you provided with medication and/or any aids?

- My daughter collected a commode for me.

- Only the first time as it was already here when I came home the second time. This was a commode, toilet frame and crutches.
- I didn't have any medication with me, the British Red Cross picked them up and delivered them.
- Yes, several medications, a hospital bed, commode and a stand.
- I already had perching stool and walking aids.
- Yes - walking frame, crutches, raised toilet seat, handrails, grab rail.
- Yes, along with commode and walking aid.
- Walking frame and bed rail.
- Walking frame and commode.
- Home was well equipped already, and came home with medication.
- Medication and a walking frame.
- Medication and walking frame
- Medication and walking frame.
- Yes medication and walking frame.
- Perching stool, toilet frame and medication
- I purchased myself a small mobility scooter which was a godsend.

4. What activities were you set whilst using the service? And did you feel that they were achievable?

- The re-enablement team didn't share any exercises or goals with me. However, the district nurse has told me about them and set some goals. I saw OT in hospital not at home.
- Not after the first time as it was obvious that the operation had failed.
- No – not appropriate at this time.
- No - just got back to day-to-day routine.
- Yes, exercise every day. When using the stairs I'm to make sure that I alternate my legs.
- The carers set me little activities daily to help me.
- Person didn't think any activities were set.
- I was just to walk about.
- Not really as given the circumstances it was all about just regaining mobility and being able to get through the grieving process.

- Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.
- In Leighton, I was taken to a kitchen by the physio to see what I was able to do.
- No, as not mobile, but a goal was set to get me upstairs for sleeping.
- Physio had set me things to do, they are achievable. I am taking each day as it comes.
- No activities set, just supported until able to get back to normal.

5. Would you say you received person-centred support?

- No – (n.b. the Healthwatch team felt that this question was misunderstood despite further explanation. When examples were given, responses to later questions did suggest that the support was person-centred)
- Yes, but it was the other little things that mattered to me also, such as watering my plants.
- Yes.
- Yes.
- Yes, the support suited my needs.
- Yes excellent.
- Yes.
- Yes, very much.
- Yes, very well and supported, looked after with care and compassion from the first day.
- The reablement carers were really understanding – rehab and physio worked together.
- Yes, they were lovely each and every one of them.
- Yes, it was all about mum's needs and pace.
- Yes.
- Yes, most definitely lovely ladies very helpful, couldn't do enough. They even did things like put my rubbish out. They went that extra mile.

6. Would you say your independence in day-to-day life has been supported?

- No change to previously.
- I live in an area where there is a lot of drug misuse. Whilst I am recovering, I don't feel safe going out walking to build up my strength and I have been attacked before. So, it's unrealistic to set me walking targets particularly as I live in a first floor flat. Getting up and down the stairs is hard enough.
- The district nurse has showed me how to do my own injections.
- Totally dependent on partner at this time, who has become their full-time carer. Although they have been visited by the stroke team.
- Yes, I am fairly independent anyway, having the carers here in the morning while I was going about my usual routine gave me the confidence to go about my morning because I know if I needed any help they were there.
- I wouldn't say day-to-day life was supported as our home doesn't feel like our home anymore because of all the different people coming and going. Although I understand it's to support me, having all the different services in our home makes it seem less like our home. It makes things difficult with our daughter who we are joint carers for too and who has ongoing mental health problems.
- Yes, I am independent, I am partially blind and have a hernia so it was nice to know if I needed help it was there.
- I felt supported and I was left to do things that I could manage on my own.
- Sometimes, it felt I was supported where I needed support. The carers were very nice. My daughter in law helps with day-to-day things like shopping as I have poor mobility.
- There was no pressure just taking each day as it came, I felt very supported. The Reablement Team also explained the family are to do the minimum.
- Helped if I wasn't sure if I was able to do things, or knew what I should or shouldn't do. So yes, I felt supported.

- Yes, we worked together, it was a combined effort of me (husband) and the Reablement Team. We created a routine, and we would get everything ready like clothes for the day, before the girls came to make things easier.
- Yes, supported mum's independence.
- I would think so.
- Most definitely I wouldn't have been able to stay on my own without the support.

7. **Were you treated with dignity and respect?**

- Yes. Example given about when they were being washed, they always asked if they wanted to do it themselves or happy for the carers to.
- Yes, absolutely.
- Yes.
- Yes, the girls that came were fine, very nice. The carers gave me privacy while I was washing but were there for help if I needed.
- I was always treated with dignity and respect, help and support offered was always explained before it was carried out. The carers were always offering additional support to help.
- Yes, always asked permission and explained things if I received help.
- Yes, they explained what they were doing and asked for consent.
- Yes.
- Yes
- Yes, coming out of the hospital by the Reablement Team yes. In the hospital they make you lose your independence they want you to stay in bed, Incontinence was an issue in the hospital but hasn't been since I have been home.
- Oh, certainly I couldn't speak highly enough of them.
- Yes.
- Yes.
- Yes.

8. Did you retain control and choice over how you were supported?

- Yes.
- Yes, particularly regarding the times the carers were attending.
- Yes, the carers listen to what we want and what suits best. For example, not getting dressed and up until lunch time as she found the early morning routine was very tiring.
- Yes
- Yes, if I didn't want help or support, I felt I could express myself.
- Yes.
- Yes.
- Yes, didn't need to though.
- Yes.
- Yes, listened to us patiently, and listened that in the last week we only needed them for one day. We got to pick the times the physio came and if one other healthcare profession was there the other would step out. They were very good.
- Individual was supported in finding their independence for themselves with the help of her husband and the support of the carers. They were able to make choices on their care and when they needed support with different things. When the wife was ready husband was able to help his wife with personal care.
- Yes, had a choice in care.
- Yes, we realised we didn't need the support, so we arranged for the support to end after a couple of days.
- Yes, I chose to the end the service when I felt confident. I didn't want to take the service away from others knowing how valuable the service is.

9. Did it help to build your confidence?

- No, it's still pretty low.
- I don't know.
- Yes, it's slow progress, but appetite is getting better and becoming more alert.

- I hadn't thought about it, but yes support from carers being there did help me build my confidence in a way, knowing they were here.
- I didn't feel like the service built my confidence a lot as I am fairly confident anyway.
- Yes definitely.
- Not applicable.
- Yes.
- Yes, encouraged to help build my confidence.
- Yes, encouraged to help build my confidence. You're encouraged to do things yourself with support there if ever needed it.
- Certainly, having their presence and having them there to mentally lean on. We would also ask the carers for feedback on how we were coping.
- Helped build mum's confidence a bit at a time. Worked out a system for using the commode and the confidence in walking a little.
- Yes, spouse said it helped them, it gave them a break and someone to lean on.
- Yes, originally not thinking I needed the help. It definitely helped me I wouldn't have been able to look after myself otherwise.

10. Do you have a carer? If yes, during use of the Reablement Service was your carer signposted to the carers scheme?

- My daughter and sister help out. I can cope on my own and I try and walk every day. (Has a Rollator - walking chair).
- No carer.
- Boyfriend has become her carer – they lived separately, and he has now moved in permanently and has taken on her care, after redecorating and making sure there is space. Has been given no information on carers scheme.
- Not applicable.
- I do have a carer but I'm also a joint carer for my daughter. I haven't been sign-posted to any carers scheme but would like to receive some information on the Carers Trust. (Healthwatch will send further information).

- Yes.
- No not really, one of the carers mentioned it. (Healthwatch will send further information).
- No need for a carer. His daughter in law helps and lives in assisted living.
- No - Healthwatch told the daughter about the Carers Trust.
- No - Healthwatch gave the Carers Trust information and website details.
- Me and my spouse care for each other, we work together.
- Yes, family provides care and support. There was no need to signpost as her daughter is a social worker and has access to the information.
- Yes, we were given Carers Trust information.
- No, not needed.

11. Did you have access to low-level equipment to support you at home for example commodes, perching stools, toilet raise, bed levels, bath board, and walking frames?

- I have a commode, perching stool, bed board to help me pull myself up, grab handles in several locations in my property, and my sofa has stilts on it to raise it. I am currently having a wet room fitted. As I own my own property I have paid for everything bar the commode and the perching stool.
- Commode, perching stool, crutches. I have a shower over the bath, but I cannot get in it. I haven't had a bath all this time.
- Hospital bed and commode. Boyfriend has bought a wheelchair however there is no ramp to get out of the bungalow.
- Yes, already had equipment.
- Perching stool, walking frame, crutches, bath board, raised toilet seat, grab rail, and stair rail were all sorted by occupational health
- Perching stool, raised toilet seat, bath seat.
- Perching stool, raised toilet seat and commode.
- Perching stool, raised toilet seat and raised chair legs.
- Two frames, perching stools, bed rails and a bathroom chair.
- Walking frame, commode, toilet frame, bathroom stool and stair rail.

- Perching stool and two frames, still waiting for them to be collected. Healthwatch provided the couple with Ross Care's telephone number so they can give them a call to chase it up.
- They checked mum had all the equipment she needed, she had a commode and a hospital bed.
- Perching stool, raised toilet seat, bed rail, and we already had some equipment from previous health conditions.
- Perching stool, crutches, toilet frame, walking frame and commode which I didn't use.

12. Were you signposted to any community support/activities/engagement?

- The Parkinson's Group – but I already know about that and have been attending for the last 15 years.
- No.
- No.
- Yes, adult social care told me about group lunches. I haven't attended.
- Yes, attended weekly exercise.
- I already attended a bereavement group that pick me up every Tuesday.
- No not wanted.
- Yes, I could have gone to exercise group but transports an issue.
- Discussed going to a falls prevention group in Goostrey.
- Stroke survivors.
- Not needed.
- Yes, I was sign posted to an exercise class, I didn't go as transport was an issue.
- I was told about swimming, my spouse and I are enquiring about swimming classes at the leisure centre.
- No not required as already had ongoing activity groups to attend.

13. Were you able to continue to enjoy your favourite hobbies and usual routines during and after the Reablement Services?

- I have regularly attended the Art Group, but since my hip popped out for the third time it has affected my hands and therefore I have limited control of them so I do not enjoy my art as much now.
- No because my hobbies are very physical, so I am unable to do.
- No - carers are coming in 4 x daily. Individual has improved but still requires 24 hours care. The main stumbling block is access to the bungalow – if they had a ramp their carer is willing to take them out.
- I enjoy water colouring and painting, but since coming out of hospital I haven't been able to go to a painting group as I wouldn't be able to make the walk down the path to where the painting group is held. The path is cobbled and too long of a distance for me.
- I enjoy gardening and have been able to get out and do it along with some painting fences. They also enjoy painting but would need to rely on their partner to take them. They haven't been back to the painting group since before they were in hospital.
- My routine is still the same.
- Routine is still the same.
- Routine still the same I go to the coffee morning in the building (assisted living).
- I am able to carry on with puzzles, crosswords and reading the newspaper.
- Afterwards, yes.
- I'm currently not at that stage yet, I'm still recovering. Usually, I'm very busy with plans and hoping to soon get back to doing the things I enjoy.
- Yes, continuing with usual routine.
- The person got upset at this point, so we moved on.
- Not at first but I have been able to re-join my walking group, knitting and gardening.

14. Was communication good with the service(s) provided by the Reablement Team?

- Yes, both for me and others in the team so I didn't have to keep repeating myself.
- Yes, they came the next day. I have the same three people that come, and I never had to repeat myself.
- Yes
- Very good communication. Checked I was receiving all the help they needed.
- Yes, I was able to have good communication and a joke with the carers.
- Yes.
- Yes.
- Yes, the carers wanted to do more. The communication was good, very clear from the carers.
- Yes, very good, only issue I have had is contacting whoever runs the personal alarm to pay the bill. It's currently working but I would like to know how to pay the bill. No money has been taken out of their account and nobody seems to know who is responsible for it. They are worried it will be cut off due to non-payment. (n.b Healthwatch supported them to resolve this issue)
- Communication was very good, able to pick times for the physio to come and see them, if one health care professional was here the other would step out. There was really good communication and organisation between everyone. Great team.
- Yes, and in the hospital. Everything was always explained.
- Good communication with the carers, they gave a time they were attending to see mum and they were here for that time. If for some reason the time would change, they would let us know. Mum knowing what time they were coming helped her trust in the support. As a family having set times enabled us to work around the support.
- Yes.
- Perfect communication.

15. Were ID badges worn by staff?

- I can't remember.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes, and they introduced themselves by name.
- Yes.
- Yes.
- Yes.
- Yes.

16. When appropriate did staff wear PPE?

- Yes.
- Yes.
- Yes.
- Never needed to wear any as I was independent, and carers were just there to help if needed.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes, masks and aprons.
- Yes.
- Yes.
- Yes - one district nurse was looking at a wound and didn't put gloves on until dressing it.

- Yes.

17. Have you used Reablement Services for more than 2 consecutive periods?

- Just the once, due to having to go back in hospital quite quickly again.
- No because there wasn't any available the second time. I was told there was none available due to the Christmas period. I could go to Congleton hospital, but I didn't want that.
- No only since the stroke.
- Yes, I've used the service 2 times.
- Yes, two times.
- No.
- No.
- No. Daughter in law told us he was meant to after previous hospital discharge but because he was going to live with them nobody ended up coming. They were left to cope between the family, but they were expecting some help.
- No.
- No.
- No.
- No.
- No.
- No.

18. Were you referred or signposted to any other service to assist you further?

- I was asked if I wanted to continue with the services, the initial period was provided for by the hospital.
- No.
- Stroke team come twice a week.
- Physio.
- Extra support of carers coming in (domiciliary care).

- No, wasn't a need.
- Evolve Care - home carers.
- The gym, but I've never been.
- No - can't remember.
- Don't think so.
- No - the patient said there was no need, their daughter works within the NHS and if there was anything we needed she could help to sign post them.
- No, not a need.
- No - as the person soon realised that with the support of spouse that they didn't need any further help.
- No, there wasn't a need.

19. Did you feel the time given during the support from the Reablement Team was sufficient? Did you feel rushed at any time? And when the service ended did you feel the overall time frame was sufficient?

- Yes, I felt the service was sufficient and no, I did not feel rushed at all. At first, I felt the time given was enough but as time has gone on, I realise I probably needed more.
- Yes and no as I was going back into hospital to have the operation done again.
- No - the carers are lovely. We clearly need it to continue.
- It was sufficient time, didn't feel rushed. I wouldn't have been sorry if it continued, I could cope on my own, but it was nice to have the carers come in, happy to have someone in the house.
- I found the time scale sufficient and didn't feel rushed. When the reablement ended extra support of carers coming in to help in the morning was put in place.
- Yes, the time I received support was enough and I never felt rushed, there was time to sit down and support me when needed.
- Yes, the time given for support by the reablement team was sufficient, weren't rushed and never felt clock watched or anything like that.

- The support was enough, I became independent and no longer needed the support. I was assessed once a month to see how I was doing, they quickly realised that the support was no longer needed so came to an end.
- Yes, and the team were happy to extend for one day while daughter was away.
- Sufficient timing for what we needed, never felt rushed they used to be here for about half an hour.
- Yes, it was sufficient and never felt rushed. We can't thank the service enough.
- Yes, at first it was four times a day, stepped down to three times a day and over Christmas twice a day. The time mum received support suited her, it was never rushed.
- Yes, we soon realised we could cope at home, that's why we decided to end our support.
- We only received support for a morning visit once a day, but realised we no longer needed it.
- Yes, most definitely, I was never left feeling rushed.

20. Did the Reablement Team ask you for any feedback at the end of your services finishing? If so, can you remember what that feedback was that you gave?

- I can't remember, but they were brilliant and made me feel comfortable. I really felt cared for. I tried to give them some chocolates and wine, but they said they were not allowed to accept them.
- Yes, but I can't remember what I said.
- We said it was good, everyone is really helpful.
- Lots of nice girls.
- The Reablement Service carers were very good, very willing and very gentle.
- Brilliant! Support and equipment helpful.
- Only wish is they could have carried on.
- Happy with everything that was done.

- Happy with the service.
- Happy with their service, really appreciated all the care. Very encouraging and very cheerful, we could not criticise.
- All the ladies were lovely, caring, confident in their role and professional.
- Daughter said that the carers were excellent, very helpful. We did see a lot of people, a lot of continued shift patterns. You could see the service tried to have continuity in carers and that they tried.
- No criticism, we knew if we needed the support we could call, the carers we saw for a few days were very good and very willing to help if we needed.
- Perfect, couldn't praise the service enough, the ladies who came were all lovely nothing was ever too much trouble.

21 Have you any other information on the Reablement Service you wish to share?

- No.
- The carers were very attentive. They were clearly knowledgeable. It was the little things they did for me such as when using the commode, they tied a piece of string around the toilet paper so if it fell I could still reach it.
- When they provided the hospital bed I said we needed sides on it to prevent her falling out of bed. I was told they don't supply them. Low and behold she had a fall and had to go to A&E. When we got home they brought the bed sides.
- Although it was great to have carers stand back supporting me if I needed help, a 5-minute chat could teach a lot more than hours of looking.
- No nothing to add.
- When I was in hospital nobody really talked me through what was going to be happening, it came as a shock. When the carers came, they were very good and explained why they were here and what they would be doing. They were very good.
- Nothing to add.

- Nothing to add.
- Daughter did feel that mother coming out of hospital at first was all too quick, given the circumstances. But the care from the reablement team was very good, they all felt really supported. The support was there not only for Mum, but the family too. A member of the team was very good with the daughter and explained everything really well.
- The carers were asked to do things they weren't trained for like taking me through my exercises, they were more than happy to help.
- Nothing to add.
- Without this service the daughter told us that her mother could have ended up in residential care. This has been a critical part of being able to live independently. It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement Team.
- Nothing to add.
- Nothing to add.

22 How would you rate the service provided by the Reablement Team?

1 being Poor 5 being outstanding

5
5
5
4
5
4
5
5
5
5
5
5
5
4
5

Additional notes taken during visits

- One person receives some additional support from her daughter. She mentioned that her daughter goes away at weekends, and said she wanted a 'pendant alarm' as she feels vulnerable to a fall in the absence of her daughter.

Healthwatch signposted to Adult Social Services.

- One person was not offered reablement following her second admission, she was told there was none available and was told she was going to Congleton hospital to recover. She clearly didn't want that – particularly at Christmas, so opted to come home and rely on sporadic support from friends. This lady was on sick leave from work and was on SSP. She was struggling financially. Her flat was very cold, she was dressed in warm clothing, had several blankets around her. Prior to having her fall, she had been very active, and she feels she is almost ready to get back out again but has some anxiety around this, clearly her confidence has had a knock.

Healthwatch suggested some befriending services and other support groups. Further information has been forwarded.

- One person receives significant support from their boyfriend who appeared during the visit to have thought of every detail to help promote her wellbeing and recovery. However, the property has limitations - the bathroom has a bath with overhead shower which they cannot access meaning they have to have daily bed washes. They have a wheelchair, but as the property does not have level access it cannot be used outside of the home. There is potential for this to be adapted.

Healthwatch noted that they had been given very little additional information for support, e.g. no one has discussed benefits, no details of care support or discussions regarding the social prescribing team, or local voluntary sector support. Healthwatch were able to signpost to some organisations.

- One person explained how independent they were currently, and that son has retired and moved home. They can prepare meals and get along with day-to-day tasks. Their doorbell was broken, and they would like it to be fixed but haven't anyone to fix it, and having a broken doorbell makes it difficult to hear anyone at the front door. They would also like some gardening doing so they can walk out in the garden. The path is currently overgrown, some steps lead into part of the garden but they cannot manage the steps with their walking frame. Although the retired son is living in the house they feel socially isolated and don't have anyone to do small jobs they cannot manage. Having a reputable handyman/gardener would be a big help.

Healthwatch will find out if Cheshire East has a gardening service or can recommend affiliated services for people to use for handyman jobs. (Ongoing)

Healthwatch have contacted Knutsford Grow to see if they can help with person's gardening; awaiting response.

- One person told Healthwatch that although they live with their husband, she is missing good conversation with other people and feels like they are losing conversation. They are keen to be more proactive taking one day at a time and she has recently been able to walk down the street. She is a keen painter who would love to be a part of a painting group where they would continue to learn and improve their painting skill. Transport would be an issue regarding going to community groups as she is reliant on her husband, and whilst he said would be happy to take her to a group, Healthwatch felt that perhaps his wife didn't want to add any additional activity or pressure. The husband would possibly benefit from some time out or a break as along with caring for his wife they are also carers for their daughter who has mental health issues, and they find it very hard to deal with.

- One person reported that they were very happy with the care they received from the reablement team. They currently use Evolving Care and find that they are time conscious, and that the care is alright.
- One person told Healthwatch that Ableworld in Congleton was fantastic. They provided lots of information and helped them to gain VAT off products they were buying due to pre-existing health conditions.
- One person needed to find information regarding the alarm their mother uses, and contact details for the Carers Trust. Healthwatch spoke with the Reablement team who gave the contact number for the alarm. This has been forwarded to the daughter along with Carers Trust information.
- One person spoke of how it would be beneficial to have a service moving forward. They felt that once the reablement support ended there was nobody to talk to, there was no further support or point of contact if they wished to query anything about how they are progressing, or to check on whether they were doing things right, were they ok etc. After the service ends, they just felt a little lost on who or where to go if they had questions.
- For one person their daughter helped answer the questions as mother struggles with memory.
She told Healthwatch that: mum was in Leighton Hospital before coming home and receiving support for around 4 weeks. "There was a delay in discharge as there was a confusion over which department was in charge of mum's care. I was very cross really as it was all very last minute, and nobody really talked to us about mum finally being discharged." She felt that the hospital wanted the side room she was in for another patient.

On the day of my mother's discharge it could have been handled better, it wasn't very person centred. There was meant to be a first care call at 12:30/1pm, we chased the call and someone arrived

around 3pm. Nobody was thinking about my mother not having been able to go to the toilet for all that time, this was our biggest concern wanting to maintain my mum's dignity.

- One person was very emotional regarding his journey of recovery having spent 12 weeks in hospital recovering from sepsis. He was supported by his spouse during the discussion which was kept as brief as possible.

At their request, Healthwatch were able to help by signposting to further information relating to Attendance Allowance.

- One person was sent home from hospital alone, they had refused the reablement service as they thought they would be able to cope, they soon realised they couldn't cope so called the service up for assistance.

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