

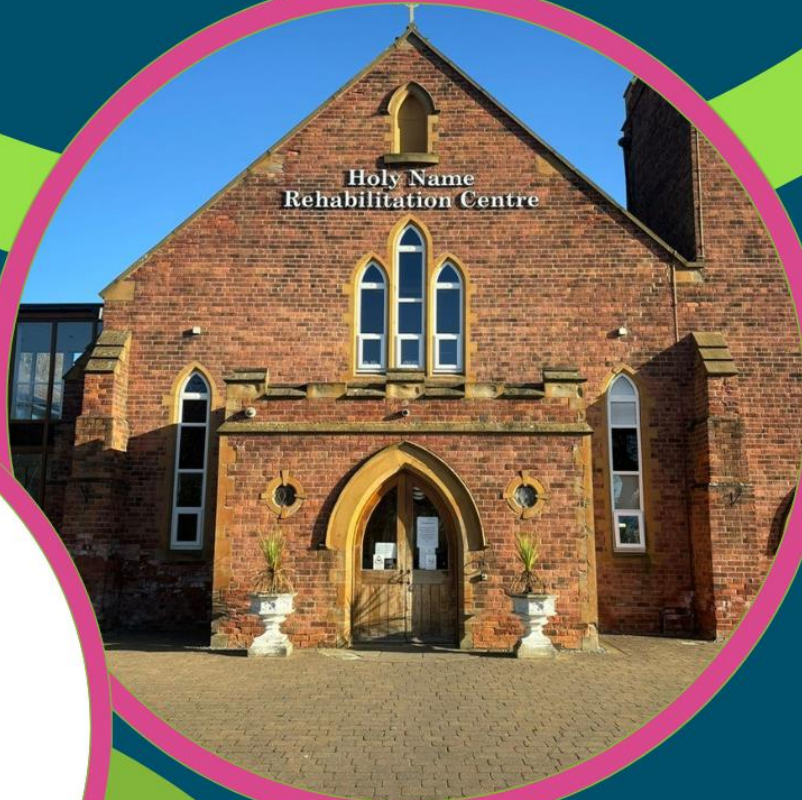
healthwatch

Kingston upon Hull

Enter and View Activity

Holy Name Community
Rehabilitation Centre

Monday 11th November 2024



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1. Introduction to Healthwatch

What is Healthwatch?

Healthwatch is an independent champion for people who use Health and Social Care services that exist to make sure that people are at the heart of care.

We listen to what people like about services and what could be improved, then share their views with those who have the power to make change happen. Helping people find the information they need about services in their area is another of our priorities.

In summary, the main aims of Healthwatch are to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

Healthwatch Kingston Upon Hull

The Healthwatch Kingston Upon Hull Team consists of members with varying specialties and experiences; they support the core duties of Healthwatch; delivering our statutory and contractual obligations to ensure that our communities' voices are heard by those who provide and commission local services.

Each local Healthwatch is commissioned and funded by the Local Authority. In Kingston Upon Hull, the organisation who has been commissioned to ensure the effective delivery of the Healthwatch Service is Hull CVS.

What is 'Enter and View'?

As part of the legal powers developed under the Health and Social Care Act 2012, local Healthwatch organisations have the authority to deliver Enter and View visits.

Enter and View visits are conducted by a small team of staff and trained volunteers, who are trained as authorised representatives to conduct visits to Health and Social Care premises to find out how they are being run and make recommendations where there are areas for improvement.

'Enter and View' is an opportunity for Healthwatch to:

- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter and View visits may be carried out as announced visits, where we advise in advance of the time and date of the visit; or if certain circumstances dictate as unannounced visits whereby the service does not know that a visit will be taking place.

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

2. Abbreviations and Glossary

Abbreviations

- E+V: Enter and View.
- CQC: Care Quality Commission.
- NHS: National Health Service.
- HWH: Healthwatch Hull.
- ASC: Adult Social Care.
- ICB: Integrated Care Board.
- ICT: Intermediate Care Team.

Glossary

Adult Social Care	Adult social care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities, are neurodiverse, or have mental health issues, as well as the people who care for them.
Announced visit	A visit planned by Healthwatch, and the place being visited.
Anonymous	Not naming people
Authorised Representative	An Authorised Representative is a trained staff member or volunteer with a current DBS in place who takes part in Healthwatch Kingston Upon Hull's Enter and View activities.

<p>Continuing healthcare</p>	<p>NHS continuing healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) specifically for the relatively small number of individuals (with high levels of need) who are found to have a 'primary health.</p>
<p>ICT patients</p>	<p>Intermediate Care Team (ICT) aims to provide rapid assessment, treatment and monitoring of patients who have experienced a recent trauma or deterioration in their physical health and are at risk of admission to hospital.</p>
<p>Local authority funded</p>	<p>If the local authority is involved in funding some of your care package then, depending upon your income and savings, you may have to pay them a contribution towards the costs of that part of your care package.</p>
<p>NHS funded</p>	<p>NHS-funded nursing care is funding provided by the NHS, to cover the standard cost of care by a registered nurse in a care home or nursing home. It is only available if you're in a care home. If you've been assessed as needing nursing care in England or Wales, the NHS will pay a standard rate.</p>
<p>Privately funded</p>	<p>Paying for the treatment and care you receive, as your savings and financial situation may mean you</p>

	are not eligible for local authority funding.
Project Officer	Healthwatch employee who carries out engagements and gathers experiences to create reports and produce findings for projects.
Respite care	Individuals staying at a care home or nursing facility for a few days or weeks to provide short term temporary care.
Service user	Service user describes anyone who has accessed, or is eligible to access, health or social care services.

3. Disclaimer

This report relates to the findings by the Healthwatch Kingston Upon Hull Representatives during the visit to Holy Name Rehabilitation Centre, Hull on Monday 11th November 2024. This report is not a representative portrayal of the experiences of all service users and is only a representation of those spoken to and observations made on the day, plus feedback gained via online questionnaires.

4. Acknowledgements

Healthwatch Hull would like to thank Holy Name Rehabilitation Centre for welcoming us in. We appreciate the cooperation of the manager, staff, and service users who provided their experiences on the day and contributed to the E+V.

5. Background

Holy Name Community Rehabilitation Centre is home to 13 permanent residents, 1 respite patient and 42 intermediate care patients. They are an NHS commissioned service run by CHCP, which mainly delivers respite and rehabilitation to patients who have been in hospital or moved across from Rossmore Community Rehabilitation Centre. They are a 64-bed unit, all of which, have ensembles consisting of a toilet, sink and shower.

Holy Name employs 39 full-time members of staff, 9 part-time members of staff and 57 other members of staff.

Healthwatch Hull attended Holy Name in September to carry out an initial engagement and to introduce ourselves to Nicola, registered manager. It was at this meeting that HWH explained what an Enter and View is and the benefits to the service.

The announced visit to Holy Name Community Rehabilitation Centre took place on 11th November 2024, by two Authorised Representatives: Olivia Stevenson, Adult Social Care Project Officer and Ellie Whitfield Delivery Manager.

Website Description

Holy Name is relaxed and friendly, homely and comfortable. It's not a hospital.

Holy Name provides short-term rehabilitation after an illness or injury. A wide range of health professionals such as physiotherapists, nurses, care assistants and occupational therapists will help you to regain as much independence as possible.

You will have regular assessments to decide how long you need the service for. This might be for a few days or until your rehabilitation is complete. The assessments will be done by the people looking after you and others involved in your care, and you will have regular reviews of your progress to check you're happy to continue your rehabilitation at Holy Name.

If you need long-term support, we may refer you to the long-term team.
This service is means tested, so you may have to contribute to the cost.

<https://www.chcpcic.org.uk/chcp-services/holy-name>

6. Fees and Funding

- ICT patients are funded by NHS.
- Permanent and respite residents are either privately funded or local authority.
- One resident is funded via NHS continuing healthcare.

7. Details of Visit

Details of Visit	
Service address	Holy Name Community Rehabilitation Centre Hall Road, Hull, HU6 8AT
Service Provider	CHCP Registered Manager Nicola Thompson Telephone 01482 803388
Date and Timings	Monday 11 th November 2024 10.00am – 13.00pm
Healthwatch Representatives	Olivia Stevenson Adult Social Care Project Officer Ellie Whitfield Delivery Manager

8. Methodology

Healthwatch Kingston Upon Hull notified Holy Name of an Enter and View to be carried out week commencing 11th November 2024. The manager's questionnaire was sent along with the formal notice on 31st October 2024. Upon arrival at Holy Name, we were escorted to the manager's office and had a brief meeting with the registered manager, Nicola. We ran through the questionnaire with any additional questions being answered, outlined what we would be doing during our visit and the period after the visit. We were then shown the different areas of the building and left to carry out the E+V.

The manager had distributed the staff questionnaires prior to our visit and handed these to us when we arrived, we also took service user questionnaires with us to complete in person. We left some service user questionnaires in case there was anyone else that would like to complete one that couldn't on the day. However, we didn't receive any more.

We were given permission to walk around Holy Name and speak to whoever was willing and available. We didn't gather any feedback from any of the permanent residents, due to capacity. As most patients were in their rooms, we knocked, introduced ourselves and then asked permission before entering.

We had feedback from 16 members of staff and 7 residents.

Once we had completed gathering feedback, we had a debrief with the manager and explained that we would accept any service user feedback for up to 1 week after the E+V before writing the report.

9. Findings/ Observations

When we arrived at Holy Name Community Rehabilitation Centre, we were buzzed in and greeted by the receptionist. We noticed in the reception that there was a compliments board displaying cards from patients, along with an information board and activities board.



Figure 1 - Reception

The receptionist directed us through the building to meet Nicola, the registered manager, who then gave us a tour of the building to explain where everything was.

There were no unpleasant smells inside. The atmosphere was bustling with carers, nurses, physios etc all working.

We felt welcomed by staff and were given the freedom

to walk around and speak to anyone that was willing and able to.

On initial observation, everything seemed very tidy. However, we did note that some areas may benefit from a fresh coat of paint.



Figure 2 - hand rail



Figure 3 - nurses station

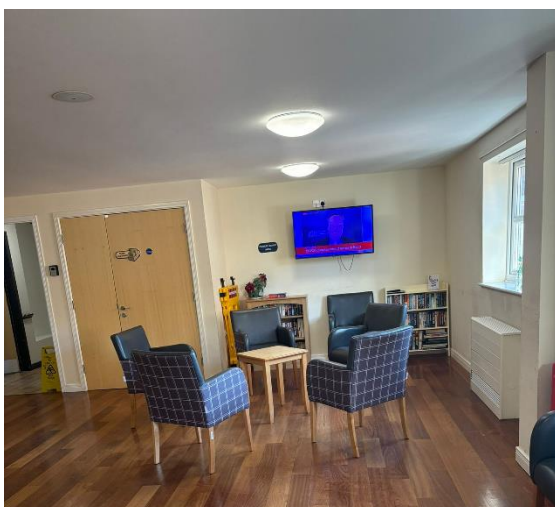


Figure 4 - communal area

One room we visited, we were waved in however, the gentleman was non-verbal. He pointed to a card on the wall displaying his name alongside a picture of him. One thing we noticed was, the thoughtful addition of an easy-read card showing 12 common things that he may want to tell the carers which was also translated into his spoken language.



Figure 5 - personalised card



Figure 6 - communal area

There were a few different communal areas, which were all very neat and tidy. There were high back, supportive chairs available and TVs.

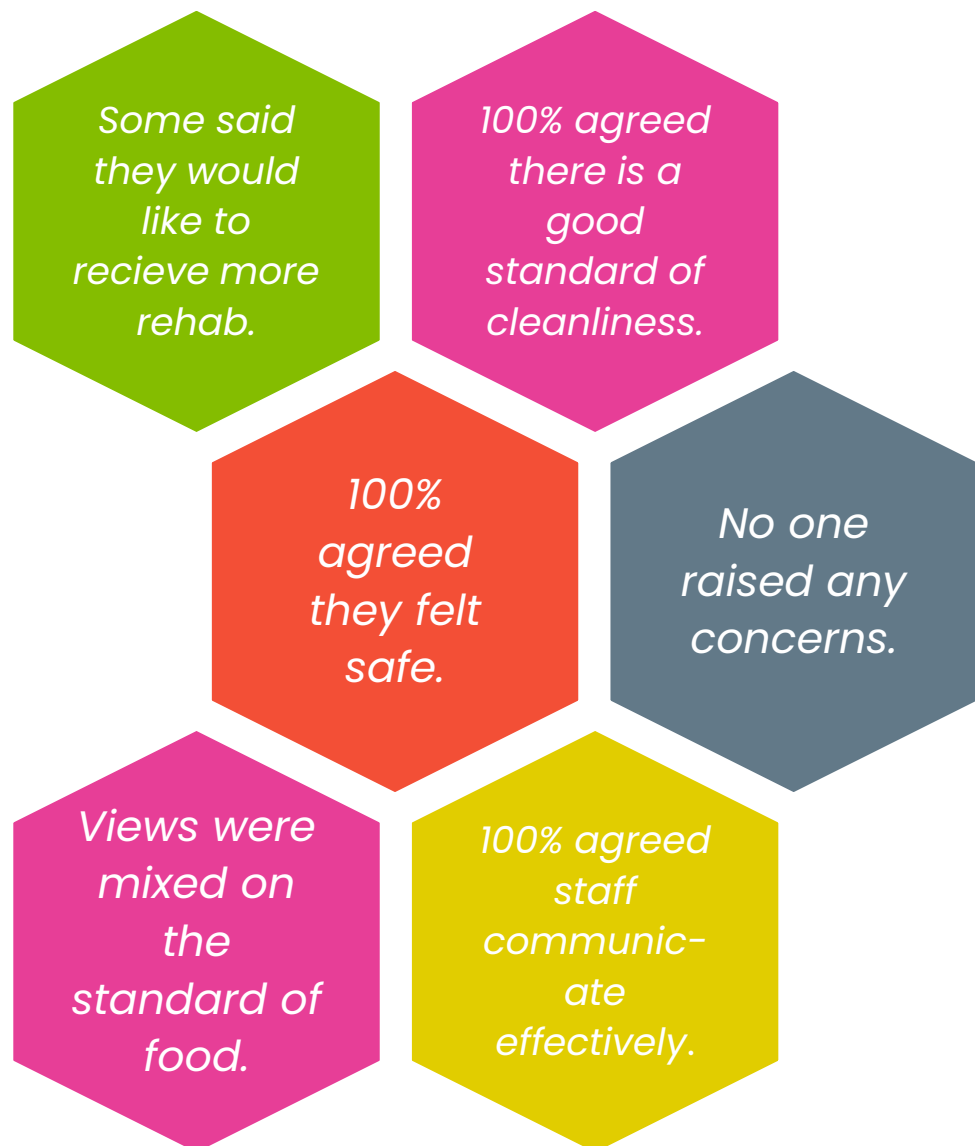


Figure 7 - communal area

Service User Feedback

General

- We obtained feedback from 7 service users.
- There was a unanimous response rating Holy Name as good or great.
- All feedback regarding the staff was positive, but also agreed it felt understaffed.



When we spoke to service users at Holy Name they told us things like ^[CD1]...

"They clean each room everyday... not keen on this chair as I have to sit in it for 3 hours a day... staff are very good... everything works well... I've been quite happy here."

"It's alright, it's a lot better than where I was previously. The fact I have a TV and bathroom makes it a lot better. The staff are all really good and really polite."

"It would be nice if there were more pictures... the staff are always cleaning... I sit in here too long, if I could get up and walk more it would be better... some staff are better than others, there's one girl who always says hello... food is very bland sometimes but it's not nasty... sometimes the staff don't communicate quick enough but if I say I need to go for a wee, I need to go there and then. "

"Wanted to come here as it's close for family to visit. Family are allowed to come and take you out... cleaner is always up and down... it's quiet on a night, there's only the odd buzzer and if you can't sleep they'll happily make you a cuppa... Every aspect is good, nothing needs to improve. Even the food is beautiful."

"We look after ourselves, staff have lots to do in a morning... the environment is nice... with having that much to do, staff will speak to you and say they come back but they don't... sometimes you can hear them in the corridor saying there's only two of them on shift, but they still do a good job... I would like to get out of bed more and walk."

Staff Feedback

General

- We obtained feedback from 16 staff members.
- The majority said that they liked working at Holy Name.
- Most staff feel supported in their role.
- Almost everyone agreed Holy Name is short staffed.

We asked... Tell us about your experience of working at the home? What do you think works well and what could be improved?

Staff responded...

- *"I enjoy working at Holy Name, staffing levels need improvement"*
- *"Needs more communication amongst staff"*
- *"So far I have had a really good experience. My team are extremely supportive and always point in the right direction. Everybody (even outside my team) are willing to help."*
- *"Can be very demanding. Highly dependent patients at times".*
- *"Pleasant, nice place. Good, hard-working staff. Communication isn't always good. Understaffed at times".*
- *"Working as a team"*
- *"I feel ok I like working here"*
- *"Things improved when CHCP took over, if you need something it is purchased. Still room for improvement within the teamwork".*
- *"I enjoy working within the home. Staff are amazing but there needs to be more HCA's and seniors. Myself as the activity coordinator, I feel that some of my work load is a lot when I am on my own."*
- *"I am happy working in comparison to my former employment. However, recently it has been more difficult with staffing levels due to sickness."*
- *"I like working at Holy Name. However we would benefit from more care staff and domestic assistants."*
- *"Staffing needs urgent attention."*
- *"We all work well together."*

- *“Staffing levels need to improve. Too many managers for communication to be effective. Management not following through with things e.g. getting agency in when short staffed.”*
- *“I think communication can be improved, understanding and teamwork. I think having more respect for colleagues.”*
- *“Communication improving, more staff HCA.”*

We asked... Is your training regularly reviewed and updated?

Staff responded...

- *13 staff members agreed that training was regularly reviewed and updated*
- *2 staff members said no to training being regularly reviewed and updated*
- *1 staff member wasn't sure as they haven't been there very long*

We asked... Do you feel supported in your role and get all the necessary guidance?

Staff responded...

- *12 staff members said yes*
- *1 staff member said no*
- *1 staff member said sometimes*
- *1 staff member didn't give us an answer*

- *“Management are approachable, will direct you in anyway if they can't help”.*
- *“I do feel supported but sometimes I need extra help with my role and because I am new to this role. I feel I have done a lot on my own”.*

We asked... Do you feel there are enough care staff on duty (days and nights)?

Staff responded...

- *"Sometimes, not always"*
- *"Most times"*
- *"N/A although it does get said that we are very short staffed in that dept"*
- *"Sometimes, less staff turn up, sometimes more than 10 turn up"*
- *"I work days and at times staffing levels have made me worry. Complexity of some of our patients can be challenging. Documentation isn't always completed due to being overstretched".*
- *"Yes"*
- **not answered**
- *"Do sometimes feel they need an extra person on shift to assist the patients"*
- *"I work days and sometimes I can work a shift and there's enough staff but other times more often than not they are short and I sometimes help on the floor".*
- *"No, on a number of occasions we've been asked to sit with residents because care staff have been short staffed."*
- *"No not on day staff."*
- *"No constantly short staffed."*
- *"No not all the time."*
- *"No we are often short staffed to dangerous levels."*
- *"No, we are busier if we are informed we have the right amount of staff per ratio to patient. Not enough to ensure nail care, showers, hairs washed get done. Not enough protected time to document."*
- *"No. We seem to have more staff on a night. Always seem short on days. Really overworked."*

We asked... Do you feel you have enough time to support residents to meet their needs? If not what would help?

Staff responded...

- *"Yes most times"*
- *"N/A" (admin staff)*
- *"Yes/N/A" (admin staff)*
- *"This is a hard one because some shifts patients can be requesting support a lot more, other times more settled. I think we do have adequate staff on duty most times but you cannot plan for the unexpected"*
- *"Not always- when short staffed I do inform the seniors, carers are struggling to meet needs of patients in our care".*
- *"Yes".*
- *"Yes"*
- *"No, sometimes when taking a parcel to patients room they would like to chat but don't always have time if only two admin on"*
- *"Activity wise, I have time for activities until other things are asked of me. I find that the one page profiles take a lot of my time up. These need filling in within 48 hours of admission and this can take all day as the patient's like to chat as well."*
- *"This doesn't directly affect my job role."*
- *"Yes."*
- *"No because of how short staffed we are all the time."*
- *"Sometimes when we are fully staffed I do try to find time for them."*
- *"No we are very often short staffed so residents and patients do not get the correct level of care needed."*
- *"No I feel we can't always give the best care or attention, they need more staff."*
- *"No everything seems rushed. We hardly have a drink. We try our best. Always get more work piled on us."*

Manager's Questionnaire

- The manager's questionnaire was sent prior to the E+V to gain background knowledge. On arrival we went through the questionnaire with Nicola and asked a couple of follow up questions.

How many beds do you have available?
8
How many rooms have ensuite facilities?
64
What do the ensuite rooms consist of?
<i>Toilet, sink, shower</i>
How many additional residents' bathrooms and toilets are there?
2
How many full-time members of care staff does the home employ?
39
How many part time members of care staff does the home employ?
9
How many care staff are on shift during the day?
12
How many care staff are on shift during the night?
10

How many other staff does the home employ?

57

How are staff training needs identified and provided?

All staff complete mandatory training. Staff domains complete additional relevant to role i.e. seniors – medication, care staff – dementia. Observation and supervision, residents needs to identify any additional. We liaise with learning resources.

How do you manage staff absences?

Procedures in place through policy. Return to work completed on staff return. Attendance monitoring meetings. Occupational wellbeing referrals to support staff. HR involvement as required.

Do you experience any difficulties with staff recruitment and retention?

Recruitment is ongoing for senior and care staff. It can be difficult due to level of staff applying wanting sponsorship as a company we don't offer this.

Do you feel supported in your role of manager?

Yes, my manager is always available for support. Regular supervisions and visual presence. Higher management gives additional support on top of this.

How are safeguarding issues dealt with?

Duty of candour with patient, consent obtained for referral, ask what outcome they would like to see. We liaise with CHCP safeguarding team and local authority team. Investigations, outcomes and actions shared/implemented.

How often are care plans reviewed / revised or adapted?

3 months or when there is a change in needs

How often are resident and relatives meetings held?

6 monthly

Do residents have end of life plans in place?

Sometimes

Where residents have a ReSPECT form, are the resident and their family or friends always involved and fully informed of what this means for their loved one?

Yes if a resident changes their views, GP is requested to review and update form.

Does the home provide external trips for residents?

Yes

How do you keep resident's friends and family informed of their relative's care and activities?

*The focus is on permanent residents, but some of the rehab residents went to Hull Fair. The activities coordinator recently started. The Tigers Trust comes in to do chair exercise.
We do care reviews and telephone during visits.*

What measures are in place to identify loneliness or difficulties residents might have in adapting to the transition to your care home?

Through observation this is identified by staff. We have volunteers that visit patients in rooms to spend 1-1 time chatting. Activity coordinator carries out wellbeing visits.

How do you cater for residents' religious / cultural needs?

*Discussion with patients, research diet. Order specialist food if required.
Cook food, prepare food as stated.*

Is residents' food cooked and prepared on the premises?

Yes

How do you cater for different diets?

Dietary needs are identified on admission on completing form with patient. This information is forwarded to the chef.

Are residents involved in meal choices?

Yes, patients/ residents are asked everyday what they would like to eat, chef regularly reviews menu and adapts if needed based on preferences.

What is your food hygiene rating?

5

Do you monitor resident's weight and fluid intake?

Yes, intermediate care patients weighed weekly. Permanent residents weighed monthly or more regular if concerns identified. Fluid charts completed daily and uploaded onto ECR.

How often do residents have their hearing tested?

When we identify a deterioration. We would like to know more information about how to initiate having hearing tested regularly.

How often do residents with hearing aids have them cleaned?

On request for independent patients. Daily for patients needing support.

How often do residents with hearing aids have them checked?

Daily to ensure battery is working.

How often do residents have their sight checked?

Annually for permanent residents.

Do you have a complaints Policy in place?

Yes.

Are there any other issues you would like to make us aware of that affect your service provision?

Because we are CHCP we get referrals back quite quickly. We've got good links. Modality are great and we have a back door number now so we don't have to wait in the queue.

Healthwatch Kingston Upon Hull (HWH) is always keen to engage with and support our local health and social care providers. Are there any areas which you think HWH might be able to help and support your service with?

Not at this time.

10. Conclusion

In conclusion, Holy Name Rehabilitation Centre generally provides good quality of care. The cleanliness of the facility was to a good standard and all service users spoken to agreed. The facility had a pleasant atmosphere, but the décor in some areas could be improved.

They also agreed that staff were friendly, communicated well and delivered a good standard of care. However, staffing levels were a concern at times, leading to some residents not receiving care in a timely manner.

The staff who provided feedback felt they were short staffed and over worked, however, they said they generally enjoyed their job.

Addressing the staffing challenges, would likely enhance the quality of care and staff satisfaction. Although most staff felt supported by management and that communication lines were good, maintaining this or improving this further would help towards an even better service.

11. Recommendations

Following the Enter and View, Healthwatch Hull have devised the following recommendations for Holy Name Community Rehabilitation Centre, which have been produced in line with the information collected on the day and feedback received.

Interior Design

- **For the manager and maintenance person to consider renewing paint in areas.** We noticed on our way round that some areas of the building had significant scuffs/ paint missing. This would just help to enhance the overall feel of the building.
- **For the manager and maintenance person to consider adding some more pictures.** We noticed some artwork on our way round, but adding more would help enhance rooms and corridors.

Staff and Service User Interactions

- **For the manager and physiotherapists to look at increasing physiotherapy sessions.** Some residents pointed out that they enjoyed the physio treatment they received but that they would like

more, especially before returning home. This could be discussed individually, alongside physios, to better understand how much rehabilitation someone would like, in line with what would best suit their needs.

- **For the manager and senior care staff to support effective task completion and timely responses to service users' needs.** Several residents told us that staff sometimes say they will return shortly but don't come back. One resident specifically mentioned that when she uses her buzzer for toilet assistance, she needs a quick response. Timely follow-up is essential for maintaining residents' dignity and wellbeing.
- **For the manager and rehab team to review some care plans with patients.** It was brought to our attention that some service users are finding it uncomfortable sitting for long periods. We understand this may be what's advised by the rehab team however, maybe an opportunity for the service user to stand, walk or lay down could be considered.

Staffing

- **For the manager to look into staffing levels.** It was unanimously mentioned by staff that they feel staffing levels could be improved, particularly during day shifts, so they can be more effective in completing their work to a high level, including completing relevant notes. Service users also mentioned they noticed staff were always extremely busy.
- **For the manager and supervisors to check all training has been completed.** Two members of staff said that training was not regularly reviewed or updated however, every other staff member was happy that it did.
- **For the manager to review lines of communication.** Some staff felt there were not clear lines of communication and didn't always feel listened to. The majority of staff felt supported however.
- **For the manager to evaluate the workload of the activities coordinator.** It was reported that they felt overwhelmed when working alone and that they struggled to complete their notes.

12. Distribution

The report is for distribution to the following:

- Holy Name Community Rehabilitation Centre
- Hull City Council – Adult Social Care Team
- Hull Integrated Care Board (ICB)
- NHS England
- Clinical Director of Nursing – Kate Rudston
- Healthwatch England and the Healthwatch Hull Website

Published on <https://www.healthwatch.co.uk/reports-library> and
<https://healthwatchkingstonuponhull.co.uk/>

13. Service Response

Healthwatch Action Plan

Issues Identified	Information	Actions	Target Date	RAG	Responsible Person	Progress Notes
Interior Design						
Some paintwork scuffed or missing	Estates team are already aware and this is on their schedule	To monitor progress and ask for updates from Estates team	December 2025		Heather Woods	Some pictures have been purchased. Will be mounted when decoration work is completed
Staff & Service User Interaction						
Therapy sessions are not as frequent as service users would like and patients are sitting for long periods	Every patient is allocated at least one 15 minute session 3 times weekly. Additionally, patients are given chair exercises to complete. Therapists interact with all patients to have an understanding of their individual needs	All staff to encourage patients to carry out their therapy exercises and incorporate these into their daily routine, such as supporting with walking down the corridors etc. This will be communicated via daily huddles and staff meetings.	January 2025		Heather Woods Nicola Thompson	
Staff not responding to buzzers in a timely manner		To highlight the importance of answering buzzers in a timely manner and to emphasise the	January 2025		Management Team	

		importance of effectively communicating any delays with patients in staff meetings, daily huddles and supervisions			
Staffing					
Staffing levels appear low	There is a currently a high level of sickness and some vacancies Rotas are scheduled with the optimum staffing but sickness and vacancies can impact.	To continue enforcing the robust sickness policy and procedures that are in place To continue the recruitment process to fill the vacancies, continue to utilise temporary staffing for short notice sickness if needed.	December 2024		Management Team
Lack of communication in a few areas	Staff not knowing what their allocations are. Open door policy to be reiterated	Since the visit, coloured zones have been implemented and task cards are handed out to staff each day at handover, to ensure that staff are aware of their responsibilities There is now a notice board in the HUB room that shows where all staff are allocated	December 2024		Management Team



healthwatch
Kingston upon Hull

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