

# Rakehead Rehabilitation Burnley General Hospital

Wednesday 12<sup>th</sup> Feb 2025



**Disclaimer:** This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

# Contact Details

## Address

Rakehead Rehabilitation Centre – Area 9

Burnley General Hospital

Casterton Avenue

Burnley

BB10 2PQ

## Point of Contact:

Helen Vernon Speech and Language specialist

Cheryl Forrest, Divisional Director of Nursing for the Community Division

Alison Roberts, Clinical Lead, Neuro-Rehab Service

## Date and Time of our visit:

12<sup>th</sup> February 2025

## Healthwatch Lancashire Authorised Representatives:

Steve Walmsley (Engagement Team Leader)

Austin Staunton (Healthwatch Volunteer)

# Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

[www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

## General Information

"We are an integrated service with inpatient beds at the Rakehead Rehabilitation Centre (Burnley General Teaching Hospital) plus community and outpatient teams. We provide services within the Blackburn with Darwen and East Lancashire commissioning areas."

[East Lancashire Hospital Trust Website](#)

## Acknowledgements

Healthwatch Lancashire would like to thank patients, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

# What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Rakehead Rehabilitation centre on 12<sup>th</sup> February and received feedback from:



## **Introductory meeting with Centre Manager**

At the beginning of the enter and view visit, Healthwatch Lancashire met with the Centre Management team to discuss the background and services delivered by the centre and to view the facilities.

## **One to one discussions with patients and their relatives**

Healthwatch Lancashire spoke with patients about their experiences including how they felt about the service and the care and treatment delivered by the staff at the centre.

## **Discussions with members of staff**

Healthwatch Lancashire Representatives spoke with members of staff about their experiences of delivering services to patients. Questions centred around support for patients and any improvements staff felt could be made to the service.

## **Observations**

Observations were made throughout the visit. This included patient and staff interactions, accessibility measures in place throughout the centre and the condition and cleanliness of the facilities.

# Summary

Healthwatch Lancashire representatives made an announced visit to the Rakehead Rehabilitation Centre at Burnley General Hospital on Wednesday 12<sup>th</sup> February 2025.

During the visit, the centre was subject to infection control measures and staff and visitors were required to wear personal protective equipment (PPE) throughout the duration of the visit. Healthwatch Lancashire representatives were greeted by members of the management team who showed us around the centre.

The facilities were observed to be clean and free from clutter. There were areas of that were isolated due to the infection control measures in place so it was not possible to see all rooms or speak with all patients using the centre.

Patients who provided feedback explained that they were satisfied with the care provided by the centre and were happy with how they were listened to by members of staff. Patients explained how they felt that staff really understood their needs and had taken the time to get to know about them.



# Service Overview

## Location and public access



Rakehead Rehabilitation centre is located in Area 9 of Burnley General Hospital. The centre is a standalone unit to the hospital but shares parking facilities with the rest of the site. Patient parking is located around the site. There are good links to public transport with local bus services and the trust shuttle bus calling at the site for relatives to access the service.

## Services available

Rakehead Centre is host to the Neurorehabilitation service provided by the East Lancashire Hospitals Trust. This is a specialised pathway for patients with disabling neurological conditions. The centre has 17 beds for in-patients at the time of the visit the centre was host to 12 patients. There is a community team based at the Rakehead centre which works alongside the in-patient team to manage the transition to home.

Discussions with the team at the centre highlighted that the services provided for patients are tailored to individual needs. Patients and staff set goals for recovery that the inpatient and outpatient team follow to encourage recovery from illness and to give patients the tools they need to recover

## The flat

One feature of the centre which staff highlighted was the flat. It was explained that this is designed to be used by patients who are nearing the point of discharge in order to provide the opportunity to become accustomed to living more independently in a controlled environment so that they can make a successful transition back to life outside of the service.

The flat is set out as a one-bedroom apartment with a separate living and bedroom area. At the time of the visit this was in use by a patient who was waiting to be discharged.

## Community services

Community services are also based at the site and staff are deployed either in-house or to support the community team as required to meet the changing needs of patients.

The communities team provide outreach support to patients who are undergoing rehabilitation and consist of a multidisciplinary team of professionals who work with patients to work through their recovery. This team includes Healthcare assistants, physiotherapists, speech and language professionals, Occupational therapists, a neuropsychologist, Nurses, medics and Assistant practitioners.





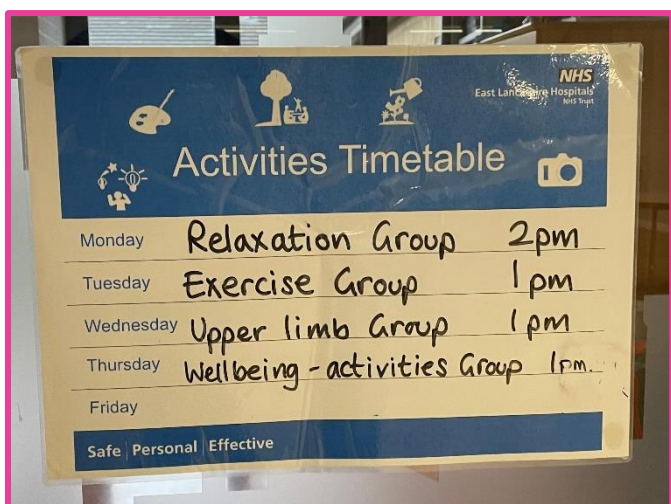
# Enter and View observations

## Internal Environment – first impressions

The unit is accessed via an entrance which is secured by a keypad. The whole internal area is on one level for ease of access for walking aids and beds. There was adequate space for people using wheelchairs, pushchairs and trolleys to move freely around the area.

There was no signage observed around the centre which could possibly hinder navigation if someone were on their own or a person visiting. As part of the therapy activities, staff often accompany patients around the facility, but it may prove difficult if they are left unattended. (recommendation 1)

## Lounges, dining and other public areas



	Monday	Tuesday	Wednesday	Thursday	Friday
Activities	Relaxation Group	Exercise Group	Upper limb Group	Wellbeing - activities Group	
Time	2pm	1pm	1pm	1pm	

Safe Personal Effective

The lounge and dining area is situated near the entrance and is a shared space for activities, dining and some therapy sessions. The area has a conservatory attached which is designed to be used as an activity area, although this was not in use at the time of the visit, there was evidence that this had been cleaned recently but had not been in use. This could be due to the number of patients using the centre.

Dementia friendly features were observed in the communal areas with additions such as clocks displaying the

day, date and time and contrasting handrails and flooring being observed throughout the centre

A timetable of activities is on display for some group sessions that take place during the week. This is updated on a regular basis but it would benefit from being updated with visual icons to make the sessions more easily identifiable. (Recommendation 2)

At the rear of the communal area are large displays sharing experiences and goals with other patients using the centre. Examples of messages of support from other patients and relatives were pinned on the board and were designed to help with the transition to home. It was commented that the team are looking to use more lived experience at group sessions to help patients with the transition from Rehab to normal life. (recommendation 3)



Shared bathrooms and toilets are located around the centre near bedrooms around the centre. Each toilet was unisex but could be changed to single use if needed. Each bathroom is a wetroom so that patients with limited mobility can make use of the facility. Staff explained some of the equipment that is available to provide assistance with patients who require more support moving around the centre. These consist of shower beds, portable commodes and portable hoists.

Food is provided by Appetito, which is an external provider of meals at the trust, is served in the main communal dining area. It was explained that staff provide support to patients at mealtimes as needed in order to promote independence and allow for choice.

## Staff and patient Interactions



Throughout the visit, Healthwatch Lancashire representatives observed interactions between staff and patients using the centre. Staff were attentive to patient needs and demonstrated good awareness of the patients using the facility and their needs. Members of the in-patient and community team provided examples of patients under their care and discussed some of the steps that were being taken to help patients achieve their goals. They appeared to understand their interests and goals and were seen to be taking steps to promote their recovery journey.

Relatives arrived during the visit and were greeted by members of staff who gave a brief summary of how their loved ones' day was going. They showed the family to the patients room and checked in to see if they needed any refreshments.



# Patient feedback

Healthwatch Representatives spoke with **three** patients during the visit.

## Tell us what you think about the centre

Patients spoken with were satisfied with the facilities in the centre and mentioned that they were comfortable and were well looked after by the staff at the centre.

They were complimentary of some of the activities that were on offer at the centre and commented that they liked doing them with the staff such as physio and one to one sessions, but they sometimes felt that they didn't know what else was available to them if it wasn't related to their rehabilitation. One patient felt that there should be different opportunities to involve family members in activities. (recommendation 4)



**“It would be nice if they could invite family members in to join in with what we are doing. I see them regularly but would be good.”**

All patients gave positive responses to the care that they received from the staff at the centre and mentioned that the staff all gave them what they needed.

**“They are always ready to help us out.”**

They explained how the staff team had helped them to settle into their stay at the centre and how they were able to have conversations with anyone who was there to help. They mentioned that the staff had really gotten to know them in their time at the centre.

Two patients commented that the food they received was of a good quality. They mentioned that the meal times were well run and that they liked the food choices available to them.

**“The meals are really good and we get a good choice.”**



# Staff feedback

Healthwatch received feedback from **six** staff members during the visit. This included staff from the in-patient and community team.



## Do you have enough staff when on duty?

All six members of staff felt that there were enough staff on duty for the 17 bed unit. They mentioned how some of the work was handled by the community team and having both elements of the service co-located meant that the service was uniquely placed to help patients with the transition to home. During conversations it was highlighted that the staffing is fluid depending on need, where some members of the team will switch to work in the community or at Rakehead, depending on patient needs. This was praised by most staff, however some issues were raised particularly about how these changes are communicated to the team.

**“Sometimes we don’t find out until the last minute if we are supporting community or not and that has an impact on what we can do here. It needs to be better communicated.”**

They felt that there were times when patient demand was not met due to the deployment of staff as sometimes patient need either in the centre or in community was sometimes more intense, depending on the situation and they wanted to be able to react to it in a timelier fashion. (recommendation 5)

## Do you feel supported to carry out a person-centred experience?

All members of staff spoken with felt that the service offered was person centred.

**“Patients lead their own treatment and are involved in setting their goals for rehabilitation.”**

They explained how each step of a patients’ journey in the service or in the community was led by the wishes and needs of the patients. They hold regular reviews in order to discuss patient needs with other staff, patients and their families meant that they were confident that the care they provided to patients was person centred and effective. This included any assessments for communication, with speech and language services, equipment and mental health support.

Staff complimented the training and support that was available to them in order to provide support to the patients they serve. They discussed how they hold Multidisciplinary meetings on a regular basis to share experience and knowledge which was aided by the fact that both community and in-patient teams shared a base of operations.

# Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents and staff.

1. Update signage inside the centre to help patients and visitors navigate the different areas.
2. Introduce a visual timetable to aid help patients identify what groups and activities are running that week.
3. Invite people with lived experience to speak at groups and leave messages of support for patients.
4. Invite relatives to join in with activities if possible.
5. Discuss staff deployment communication with Community and in-patient team to identify better ways to inform staff about rota changes.

# Provider response

Recommendation	Action from provider	Timeframe	Comments
Update signage inside the centre to help patients and visitors navigate the different areas.	Temporary signage to be created to direct patients and visitors to find specific areas of the unit e.g. room 2-14 / rooms 15-20 / dayroom. This will be presented at the next patient focus group in May to gather feedback on the effectiveness and clarity of the notices before we proceed with more permanent signs. A notice has already been displayed at the entrance advising visitors that if no ward clerk is on duty at the desk to ask a staff member to direct	31 <sup>st</sup> May 2025	There is a potential security issue with directing people around the unit via notices as with the lay out of the unit all areas are not readily in view. We considered however that as visitors need to be admitted to the unit in the first instance, as the front door is locked, that this would reduce the risk of 'intruders'.
Introduce a visual timetable to aid help patients identify what groups and activities are running that week.	There is a visual timetable already in place in the dayroom and patients also have the sessions highlighted on their daily timetables in their rooms. In order to make this more prominent we will source a larger vinyl 'poster' which will make the timetable more prominent and support the addition of pictures etc	May - June 2025	Time frame will depend on the ability of the company to support production of an enlarged 'poster' as for infection control reasons this will have to be vinyl to support cleaning
Invite people with lived experience to speak at groups and	This has been discussed with our unit patient experience group and there are already a number of patients who		

leave messages of support for patients.	have expressed a willingness to come back to the unit and speak with current patients about their experiences. This will be added into the 'groups' timetable so we have a regular plan		
Invite relatives to join in with activities if possible.	Relatives are currently welcome and invited to join in the activities and several have done so. We can add this as a comment on the bottom of the activities poster when it is enlarged to highlight the possibility.	May - June	
Discuss staff deployment communication with Community and in-patient team to identify better ways to inform staff about rota changes.	The therapy team already maintains a rotational spreadsheet that outlines staff rotations at least three months in advance. Any staff flexing across teams will be discussed individually with the relevant team members in one-to-one meetings with the Clinical Team Leaders, followed by a team-wide email update. Staff are also invited to attend the weekly Head of Service update meetings, where they can raise any questions regarding service changes.	April 2025	<p>The action will commence with immediate effect</p> <p>Staff are aware that some flexing cannot be pre planned as this is a requirement to cross cover in times of high pressure due to sickness or other unplanned absence.</p>

## Questions

### **Did you learn anything new about residents' views and experiences, or anything else, as a result of the Enter and View undertaken by Healthwatch Lancashire?**

The comment around inviting relatives / family to activities was useful as we do encourage this and it does happen however we are perhaps not highlighting the opportunity as much as we think we are.

The opportunity to invite patients back to the unit to speak with current patients is a good opportunity.

The level of positive feedback received is always reassuring

### **Any other comments?**

thank you so much for coming to visit the unit, it is always a pleasure to showcase what we do and to have an objective opinion on how we can improve.

## Appendices







# healthwatch

Lancashire

Healthwatch Lancashire  
Leyland House  
Lancashire Business Park  
Centurion Way  
Leyland  
PR26 6TY

[www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)  
t: 01524 239100  
e: [info@healthwatchlancashire.co.uk](mailto:info@healthwatchlancashire.co.uk)  
📱 @HW\_Lancashire  
📘 [Facebook.com/lancshealthwatch](https://www.facebook.com/lancshealthwatch)