



Enter and View visit to RecoveryHub@NorthWest Leeds

February 2024

Your
healthwatch
Leeds

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Summary

Introduction

Healthwatch Leeds carried out an announced Enter and View visit to the RecoveryHub@NorthWestLeeds on 13th February 2024. The visit was undertaken as part of a planned series of visits to care settings in Leeds and had been prompted by feedback we had received from Leeds City Council, and members of the public. From speaking to residents and relatives during our visit, we got 16 responses, from 12 people who were staying at the recovery hub and four relatives. We also spoke to the registered manager.

Key findings

1. While the majority of respondents found all or most of the staff to be caring, there were some people saying that not all staff were welcoming and friendly. Most respondents said they or their relative felt safe at the recovery hub and reported being treated with respect by staff. However, a minority expressed concerns about staff attitude and that their privacy was not always respected.
2. Two thirds of people who were able to answer the question said that care met their needs. Examples given of unmet needs were lack of understanding of dementia, not being showered until prompted by a family member and lack of stimulation.

3. Responses regarding choice in daily routines were mixed, with some feeling that they had little control over aspects of their routines such as the time they got up and went to bed, and whether they had a bath or shower. Some people felt that there wasn't enough encouragement to do things independently, which is particularly significant considering the rehabilitation nature of the setting.
4. There was a mixed response as to whether people had been asked about their cultural needs and preferences, with only a third confirming that they had.
5. Only half of the respondents said they received support from physiotherapists or occupational therapists, and some expressed that they felt more physiotherapy was needed. Many respondents were unsure what the next steps were after receiving care at the recovery hub.
6. Only a third of respondents said they knew who to approach with concerns or complaints.
7. The recovery hub was generally clean and well-maintained with spacious rooms.

Key recommendations

1. Ensure that people and/or their family members understand what a care plan is and are invited to be involved in reviews. As part of this, ensure that people are involved in discussions about their rehabilitation and next steps for their care following their stay in the Recovery Hub.
2. Look at ways to improve how people's individual care needs are more consistently met and communicated to all staff. This could be through improved assessment or appropriate training (for example, in dementia and sensory impairment awareness).
3. Review systems for documenting and acting on people's cultural and religious needs so that these are more consistently met.
4. Look at what can be put in place to help create a compassionate culture where residents feel that all staff are caring. For example, this could be around recruitment processes, training, team building, or celebrating good care.

5. Put in place mechanisms to ensure that people staying at the recovery hub and their friends or family members are made aware who the registered manager and other key staff are. For example, this could be through a photo board or visible signage.

About the visit

Background

The RecoveryHub@NorthWestLeeds is situated in the Yeadon area of Leeds and provides accommodation for up to 30 people who require intermediate care. Intermediate care is a type of rehabilitation support that people can receive for a short while to help them do things by themselves again. This is usually following a stay in hospital but can also be offered to people to help them avoid a hospital admission or move into a care home.

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

Why we did it

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

What we did

This was an announced Enter and View visit that took place on the morning of 13th February 2024 for a 2-hour period. Prior to the visit we left surveys at the home to be posted out to all relatives. The survey packs included a freepost envelope for returning them directly to Healthwatch Leeds.

A team of four volunteers and two Healthwatch Leeds staff members carried out the visit. We spoke to people staying at the recovery hub and their friends or relatives on the day and carried out observations around the hub. We also spoke to the registered manager.

The survey and the observations focused on six key areas:

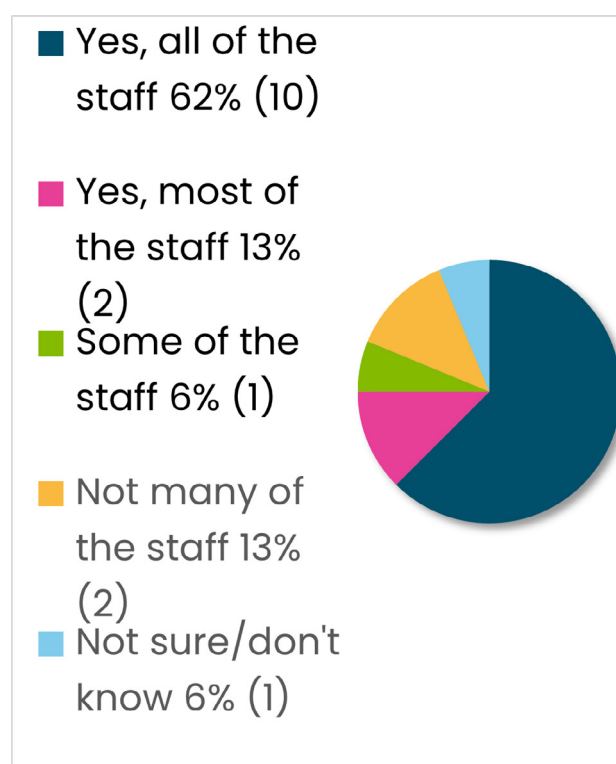
- Quality of care
- Understanding what will happen next
- Choice and involvement in care
- Opportunities to give feedback
- Accessibility of information
- Living environment

We received a total of 16 responses to the survey of which 12 were from people staying at the recovery hub and four from relatives/friends. Some respondents didn't answer all the questions.

What we found

Quality of care

Do you think staff at the care home are caring?



There was variability in terms of how caring people found the staff with 10 (62%) respondents said that they felt that all staff were caring.

“

“The staff are lovely they ask me if I would like tea or a biscuit too.”

“Extremely caring, my [relative], was so well looked over by the majority of the staff, even the cleaning staff were caring.”

Other comments indicated that people found other staff to be not always welcoming or friendly.

“

“Some are, some aren't, they just do their jobs and tasks. I couldn't say that is caring. She has dementia so sometimes staff go in to fetch something and they don't acknowledge her.”



“It seems to be quite a lot of agency staff. The culture was rude. In January, someone at the reception was not welcoming. Everyone who came in the room was very robotic and said the bare minimum.”

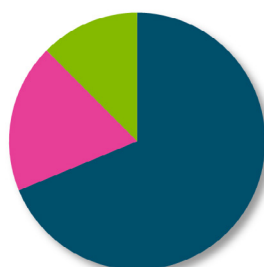
Everyone who was able to answer the question “Do you or your relative/friend always feel safe living at the care home?” (13 out of 16) said that they felt safe staying at the recovery hub.

Do staff always treat you/your relative with respect?

■ Yes 69% (11)

■ No 19% (3)

■ Not sure/don't know 12% (2)



The majority of people who were able to answer (11 out of 14, 79%) said they felt that staff always treated them or their relative with respect. This included things like respecting privacy, knocking on the door before entering their room, addressing people politely and calling people by their preferred name.



“Always knock, always very friendly to patients and make them feel special.”

However, three people (21% of all who were able to answer) said they felt that either they or their relative weren't always treated with respect, citing lack of respect for privacy and poor staff attitude.



“They wedge the bathroom door open with the outside door.”



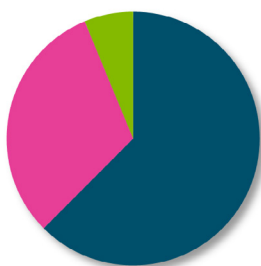
“Nurse rude to her when helping at night, she was left struggling. I understand they are overworked but they’re not treating her well and not telling her about her care.”

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

■ Yes 63% (10)

■ No 31% (5)

■ Not sure/don't know 6% (1)



Two thirds of people who were able to answer the question said that the care met their needs (10 out of 16). Some people gave examples of good care.



“I find it difficult to sleep at night due to noise. I raised this with staff and there is now a sign on my door saying to close it and turn out the light at night”.



“They come if buzzed, check you’re OK and go back to the person they are currently seeing to, and let you know they will be back in 5 or 10 mins.”

Others gave examples of where they felt their or their relative’s care needs had not been met.



“She has not had a shower for three weeks. I had to ask for her to get her hair washed.”

One person who was blind told us how she needs her radio but that it was not always put within reach. Another person told us that they didn’t have much stimulation.



“Sits in their chair most of the time looking at the wall. They leave the magazine but [my relative] can’t reach it.”

During our visit, most people were in their rooms. We noted the large conservatory space that we were told was mainly used by staff for meetings, but that people staying in the hub could use it as well. Although we were told the dining room was used, we did not see people going there for lunch and had feedback from one person that they had only been there at Christmas. We noted from the activity planner that there were days when there wasn't anything happening in the afternoon and some days that only activities that would only be of interest to small numbers such as hairdressing or the church service.

One person told us that they felt that the recovery hub wasn't dementia friendly, and that staff lacked basic understanding of dementia. They said that their relative's dementia wasn't considered in their care needs. They gave the example of staff not using basic tools that would help such as leaving reminder notes, despite the family suggesting it.



“Not at all. There has been no assessment and I have not seen a care plan drawn up. No one checked things out with family even though my relative has significant dementia. We don't know whether they have a shower or a bath. They don't write things down. No one is accountable when things are not done.”

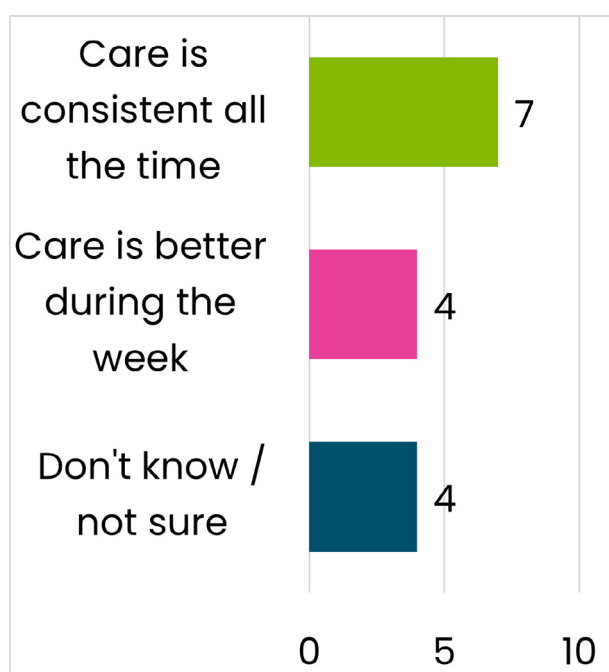
One other person who said the care did not meet their needs, also went on to describe problems with the care they received.



“When I press the bell, I have to wait for a long time for staff to come. There was one occasion when I told them I was ill and had diarrhoea they went away and didn't do anything to help me, and I was angry.”

During our visit, most people looked clean and well cared for. A man was being helped to shave as he did not have use of his arm, and another person described how her clothes had been washed and returned.

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



Four respondents (27%) said that they felt that care was better during the week. Some people mentioned staffing levels on evenings and weekends and that it could take longer to receive care.



“Evenings could be shorter staffed. It takes a longer time for staff to come when you press the button.”

“Weekend care is different. We were told there was no staff to clean the toilet so [my relative] used a commode.”

Three people’s comments indicated that they felt the quality of care was worse at night.

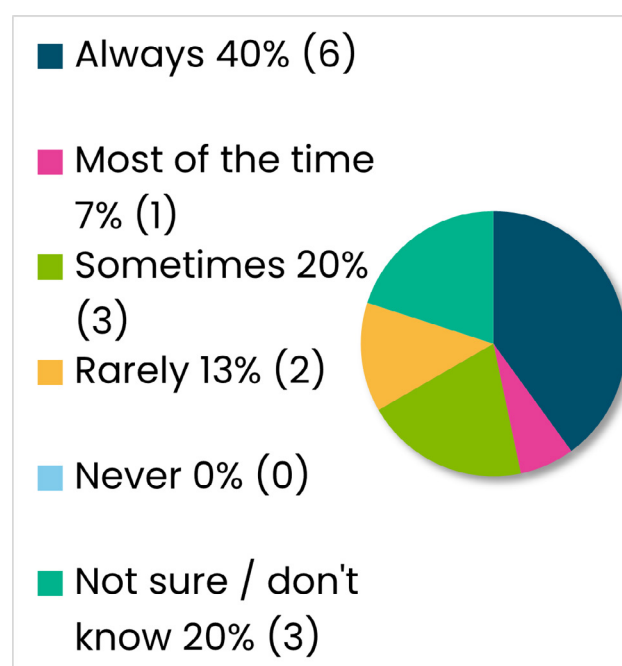


“Some staff are great others are not, especially night staff.”

Choice and involvement in care

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

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



There was a mixed response to this question. Of the people who were able to answer, just over half of the respondents (7 out of 13) said they were given choice always or most of the time.

“

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

However, some comments indicated that preferences about daily routine weren't consistently met.

“

“Some mornings its very early getting up, sometimes very late. You're in a queue.”

“Woke up and wanted the toilet, then wanted to go back to bed but carer said no you're up and will be washed and given breakfast. It wasn't even light outside. Can cope with it but at home I wouldn't do it.”



“They should provide a drink at bedtime. If I want a drink later, I cannot get one (at 10pm).”

“Wears the same clothes for several days. I have changed [my relative] a couple of times.”

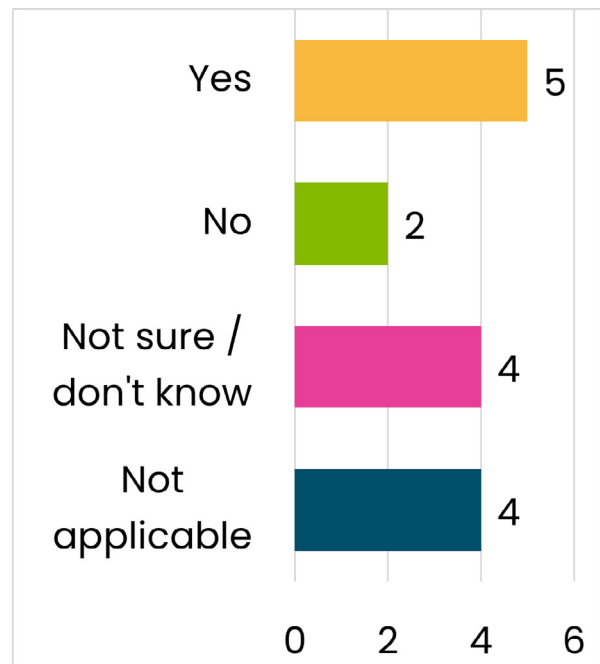
Two people said that they weren't made aware they could have a bath.



“Didn't I know could have a bath for weeks, no one asked if I would prefer a bath. When I asked for a bath, I felt so much better. The hair wash felt so good after weeks.”

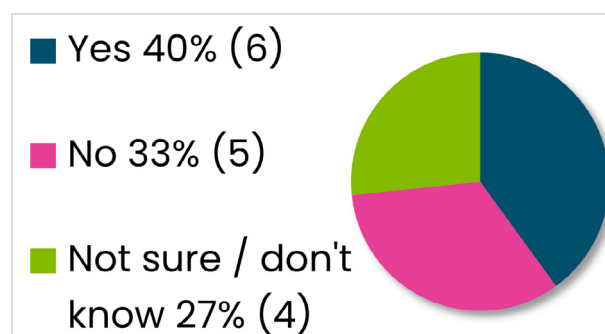
“I can't have a bath as there is no bath here.”

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



There was a mixed response to this question with some people not sure of what was available and/or whether they had specifically been asked about cultural needs and preferences. One person mentioned attending a religious service, whilst another person said they were not aware of any religious services going on. During our visit we observed a display in the reception area that was celebrating LGBTQ+ History Month.

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



Only around half of the people who were able to answer yes or no to this question (6 out of 11) said that they or their relative were supported to be as independent as possible. For example, when taking medication, getting dressed/washing, eating and drinking.



"I can gradually put clothes on. I feel I can live more independently."

Some people described being given medication in a cup which they could then take themselves. Others said they wanted to be supported to be more independent with their medication.



"Taking tablets can be a bit tricky [with mobility condition]. When I go home the set-up is a bit different. They should have laid the pills out in a similar way to help me."

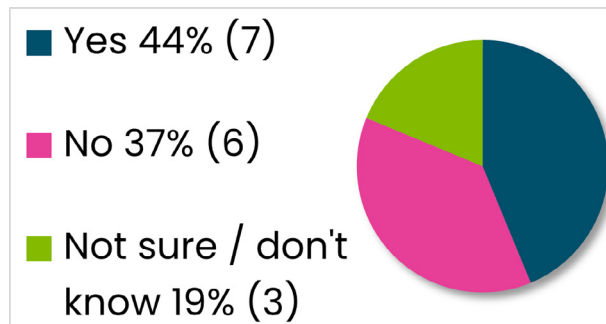
Some people described how they didn't feel encouraged to do things to promote independence.



"My relative has therapy activities. Other times, they are sat on the chair and people come in to do things to them. Getting up from chair is essential for their recovery but no one helps them with that. Simple things like giving them a comb to brush their hair is not happening."

"I'm supposed to have a button round my neck, but it is broken and has never been fixed. I've been given one on my wrist but I'm not sure how to use it."

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

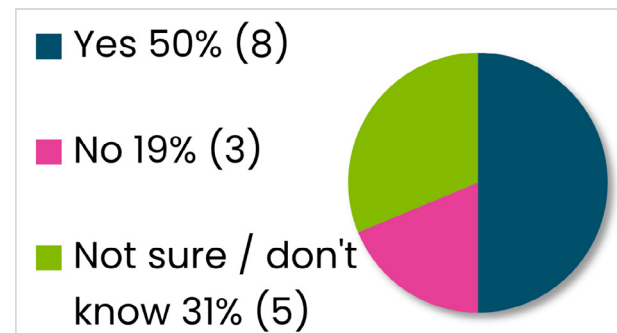


Some people told us that they or their relative knew what the plan and timescales were for going home. Others were not clear as to what the next steps were and when they might go home. One person told us that they were confused and worried about what was happening next and became visibly upset when we asked her about it.



"If only they would tell me what is going on they say it's okay they will send someone to talk to me, but they don't."

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



Half of the people we spoke to described getting support in the recovery hub from an occupational therapist or physiotherapist.



"Staff help to walk me around to get my feet going again. I cannot walk yet."

Three people said they felt that they needed more physiotherapy.



“I need more physio, I only get two sessions a week. There are only 2 physios here for 40 people.”

“I want to walk more but I am not allowed to walk on my own.”

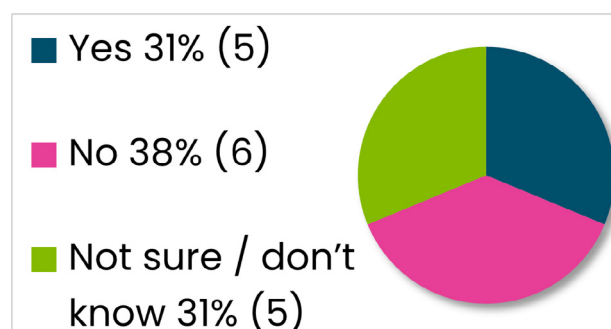
We were told by the manager that every person using the service receives an assessment by a qualified therapist, and based on this an agreed goal support plan is produced. He also stated that even those referred to the service through a non-therapeutic pathway receive this level of support. He added that the frequency of therapy sessions may differ from person to person and may not be within their expectations.

We were shown the therapy room which was spacious with lots of equipment but not in use on at the time of our visit.

Opportunities to give feedback

We saw posters displayed at the recovery hub advertising Leeds City Council’s complaints service with a link and QR code, or the option to speak to a member of staff. We also observed a noticeboard in the reception area with ‘You said, We did’ information. The manager told us that at the point of discharge the Admissions and Discharge co-ordinator completes a PREMs (Patient Reported Experience Measure) survey. PREMs is a set of nationally recognised questions to measure a person’s experience of intermediate care services. They have been adopted by the recovery hubs as part of the discharge process to inform service actions to improve people’s experiences. In March 2024, the manager told us that they adapted this approach to include the Carers / Family Reported Experience Measure. We were also told that within this survey three questions relate directly to therapy or goal setting.

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



Only around a third of the people we spoke to said they would know who to talk to if they wanted to raise a concern or complaint, saying they would speak to a member of staff or “whoever is on duty”. Several people said that they weren’t aware of who the manager was. Although there was a poster in the reception area with a uniform chart to identify staff roles in the multidisciplinary team, we didn’t see any information that identified who the manager and other staff were.



“I don’t know who the manager is.”

A couple of people described times when they had raised a concern but didn’t feel listened to.



“It’s hard to speak to them. I complained once as I was left waiting for an hour to go to the toilet at night. They were not helpful. It doesn’t get you anywhere.”

Accessibility of information

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

We were told by the manager that the service has reviewed the way in which it meets the specific communication needs and preferences of customers and these approaches have been quality assured by Leeds City Council’s Adults and Health Lead for the Accessible Information Standard. During the referral process a customer’s needs and/or preferences will be identified.

Upon admission, the Admissions and Discharge Co-ordinator or a member of the management team will go through an initial assessment. This assessment looks holistically at the person's support and communication needs. If a person has a specific support need around communication, the staff within the service will complete a communication goal alongside the person. This goal will outline a person's preferences, as well as what support they feel they need and what support the service can offer. This information is then placed within the person's support plan. Additionally, a brief note will be placed on the service handover to make staff aware of any communication limitations or preferences. If, due to these communication barriers or limitations, it is not possible to complete this assessment with the person, the service will explore other options such as involving family or external support such as translation services.

The manager described a welcome leaflet that he is putting together with information about the Recovery Hub, that he hopes will be available in large print, and possibly also in multiple languages and audio.

Other information we observed around the home varied in terms of accessibility. For example, the menus we saw weren't in large print whereas people's names on the doors of their rooms were.

Living environment

Most people were in their rooms during our visit, so the recovery hub was fairly calm and quiet apart from the sound of walkie talkies that were being used by staff. However, two people did comment about it sometimes being a noisy environment, particularly at night with call bells going off.

During our visit we were shown the dining room, part of which was used as a lounge area. We were told that activities took place there although there was no evidence of social activities during our visit. A member of care staff said that most of the people who were currently staying at the recovery hub ate their breakfast in their rooms but ate lunch in the dining room. The A3 size menu board was not very easy to read as the writing was very small. The TV had subtitles.

We observed some folders in a rack including: an activity pack, friends and family pack, LGBTQ+ and carers information. There were books and magazines available.

The corridors were clean and bright with air purifiers. There was a new call system in place which enabled staff to see who was waiting. The clock in one corridor was showing the wrong time, about fifty mins ahead of the correct time.

People's rooms were spacious and clean. Some people kept their doors open but those with a preference for their door being closed had a notice stating that on their door.

Access to a telephone was limited when we visited. One person was upset that they could not make a call. A member of staff explained that the available phone would take an hour to charge.

Other feedback and suggestions

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



"They are very kind."

"Visiting is officially 10am till 8pm but I have often stayed longer. I had my Christmas dinner here. I stayed in my relative's room all night on New Years' Eve in a reclining chair so that we could be together."

Our recommendations

1. Ensure that people and/or their family members understand what a care plan is and are invited to be involved in reviews. As part of this, ensure that people are involved in discussions about their rehabilitation and next steps for their care following their stay in the Recovery Hub.
2. Look at ways to improve how people's individual care needs are more consistently met and communicated to all staff. This could be through improved assessment or appropriate training (for example, in dementia and sensory impairment awareness).
3. Review systems for documenting and acting on people's cultural and religious needs so that these are more consistently met.
4. Look at what can be put in place to help create a compassionate culture where residents feel that all staff are caring. For example, this could be around recruitment processes, training, team building, or celebrating good care.
5. Put in place mechanisms to ensure that people staying at the recovery hub and their friends or family members are made aware who the registered manager and other key staff are. For example, this could be through a photo board or visible signage.

Next steps

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

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

Thank you

Thank you to everyone who took the time to share their feedback with us, and to staff at the RecoveryHub@NorthWestLeeds for welcoming us on the day. Thank you also to our Enter and View representatives Parveen Ayub, Tatum Yip, Meg Polese, Angie Pullen, Mike Shaw, and Janet Onslow for undertaking the visit.

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

Appendix 1

Accessible Information Standard

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

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

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

They must:

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

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



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to quality**

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

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