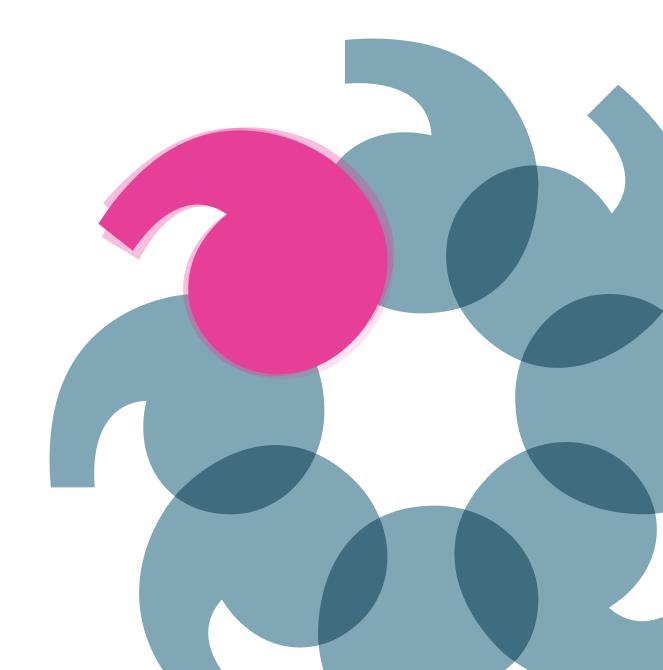


Islington Reablement Service

Feedback from service users



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

www.healthwatchislington.co.uk

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Introduction

The aim of the Islington Reablement Service is to support a person to reach the maximum level of independence possible following a period of ill-health (usually involving a stay in hospital). The reablement service lasts for a maximum of six weeks and is free of charge to the service user.

Service users are visited in hospital to discuss their needs and then involved in the development of a care plan (a yellow book which contains details of their needs and how these will be met). Services covered in the care plans range from prompting with medication, toileting, personal care, meal preparation, weekly shopping, exercises, housework and laundry.

Healthwatch Islington worked with Islington Council to speak to users of the service (and their next of kin) to gather a picture of the user experience.

Between July and November 2017 the council obtained consent to be interviewed from 80 service users who had recently been discharged from this service. These service users had received care from a number of different care staff during their reablement. The number of staff received by service users over the course of their reablement ranged from five to 23. The person who had input from 23 different people had three visits a day seven days a week.

In the first instance we tried to speak directly to the service user, but in some instances we have spoken to the next of kin where they were involved in the process. As they were discharged the council contacted us with details of any service users who had given consent to take part in a telephone interview.

Who we spoke to

We called all service users at least three times, and on different days of the week to increase the chances of reaching them. There were some who we were unable to reach. There were some who we reached who were not able to remember that they had used the reablement service. Others had become unwell again and were unable to talk.

We interviewed a total of 29 service users.

Ages ranged from 40s to 90s, with five in their 60s, five in their 70s, 12 in their 80s and 2 in their 90s.

Sex of respondents

| Female | Male | Did not respond | Total |
|--------|------|-----------------|-------|
| 14 | 13 | 2 | 29 |

Disability status of respondents

| Disabled | Not disabled | Did not respond | Total |
|----------|--------------|-----------------|-------|
| 23 | 2 | 4 | 29 |

Ethnicity of respondents

| Asian British | 2 |
|---------------|---|
| Black African | 1 |
| Turkish | 1 |

| White British | 19 |
|-----------------|----|
| White Irish | 4 |
| Did not respond | 2 |
| Total | 29 |

What people told us

1. Care planning

Most respondents had been spoken to during their hospital stay about the support they would need upon returning home.

19 respondents stated that someone had spoken to them about their support needs upon returning home. Two respondents didn't speak to anyone before they left, two didn't remember and six were not sure.

'Yes - it happened at the hospital, I was told I would be going home but needed the reablement service.' [Respondent 23]

Half were aware of the yellow book/ their care plan.

'I was given a yellow book and I listed what I needed and covered everything. I was still able to do quite a lot for myself anyway, but I was very grateful for all the additional help I have received.' [Respondent 6]

One respondent noted that staff used the book to ensure they knew what the service user needed:

'The carers used their phones to login when they arrived and then looked at the folder to see what they needed to do.' [Respondent 29]

15 of the 29 respondents were aware of the book. Though not all of those felt that they had been involved in devising the care plan.

"...but I was not able to contribute to the plan. I was not given it in advance only had it with them when they arrived." [Respondent 17]

'no I was not involved. But they told me what they were putting in the book.' [Respondent 23]

'A carer turned up and said "I've come to help you". Nothing was written down. Did have a yellow book and the carer wrote in it. I don't remember signing a risk assessment.'
[Respondent 1]

'[were you involved?]...not really, it was the social worker who decided. It was very difficult for us to know what we needed.' [Respondent 10]

Six respondents felt they had been involved in developing the plan.

'Together with the care worker we [next of kin and service user] wrote into the care plan what was needed.' [Respondent 12]

Several respondents did not feel that the plan met their needs.

'I realised that I needed help and not reablement. I do not think reablement met my needs at all - the people who called did not know what I needed.' [Respondent 7]

2. Monitoring progress

Each week, service users should be visited by their Support Advisor to review progress against the care plan.

Two thirds of participants recalled someone checking on their progress.

Several respondents recalled being visited 'twice' and this was usually towards the end of the package of care, to see how they were progressing. One respondent recalled that progress checks had happened once a week and one that they had happened 'frequently'.

Nine respondents were 'not sure' whether anyone had checked on their progress and were unable to distinguish between these visits and the visits from care workers. One respondent noted that

this had been done by phone. Several noted that changes to the care plan, or agreement about the end date for the care package were mutually agreed.

One respondent felt the service came to an end suddenly and implied that they had not expected to be means-tested for further support.

3. Dignity and respect

Most respondents felt they were treated with respect.

18 respondents felt that they were treated with respect by the staff providing them with support,

'I was very much treated with dignity and respect throughout. All the ladies who came were very good and very good at their job - all of them. They were excellent people - on time and knew what they had to do to help me to get to do all the things on my own that I used to do.'
[Respondent 6]

'They were all very kind, all very nice and very helpful. Whatever I asked them to do they did.' [Respondent 14]

They were all very nice and I was well looked after. It is a wonderful service - they called 4 times a day and it did me so much good. I had such an amazing reaction from them all - so very kind.' [Respondent 23]

Some felt they had been treated respectfully even if the support had not been satisfactory.

They were respectful, but they didn't really help, I didn't really want them. My wife was out shopping or something, they would come at the wrong time (they came in the morning and evening).'
[Respondent 4]

For others the treatment was not consistent and depended on the individual staff members.

It was especially good in the mornings (getting up) and I often got the same person - she was very good and helpful. Lunchtime and evenings were not so helpful and I got different people all the time... They often send someone different each day and that is a mistake and a failure. You have to keep going over the same things again and again. The service is for a short time - surely they could send the same people?'

Respondent 17

'No, not always, one or two were very good but there were others who seemed to think I was just a bit of baggage! [Respondent 17]

'They were respectful and kind but one she hardly ever said a word. Maybe she was sad about something. The others were talking and made me laugh! They were nice and one visited four times and was very kind and nice - when visiting other people she used to tap on my window and ask if I was alright.' [Respondent 8]

'There was an assumption that those coming here knew what they wanted to do and that was going to happen regardless.'
[Respondent 10]

'Yes with respect but 8/10 different people all the time. One very good and I asked for her again but only my last week. You do not have a relationship with anyone - they do not know what you need or want, my routine.'
[Respondent 25]

▶ Half of respondents felt they were supported to do things for themselves.

'They washed my back, hoovered the carpet, put on slippers because I could not bend down and gave me cups of tea. They encouraged me to do what they were doing and now I am getting through doing things on my own, they helped me to do that.' [Respondent 8]

'It was good, very good really and it has helped me get back to normal.' [Respondent 11]

'It was given her confidence again and she is able to do things for herself.' [Respondent 12]

Others who answered 'unsure' were still finding things difficult even after the intervention, because of ongoing health and mobility needs. Several also mentioned workers not turning up at agreed times in answer to this question.

Other comments about the service

- Generally people felt the service had helped, in a variety of ways depending on their needs.
- Several respondents mentioned that care workers didn't always turn up when they were supposed to.
- Several respondents also found the lack of continuity frustrating, that they never knew who was going to turn up,
- Two respondents mentioned that follow-on means-tested care was problematic,
- One respondent noted that there was a longer than advised wait when they were initially discharged from the hospital, and that this made them anxious.
- One respondent who was supposed to receive weekly physiotherapy only got two treatments in six weeks because of staff sick leave.

Points to consider

| 1 | Can any changes be made to rotas to enable greater continuity of care? |
|---|---|
| 2 | Can any changes be made to rotas to enable staff to arrive at times more convenient to service users? |
| 3 | Is there a way that the service can confirm with service users who will be coming? |



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