healthwatch Wiltshire

Better Care Plan engagement report:

Evaluation of Home First service in Wiltshire

Local health and care shaped by you

Notes:

Carers

Where we talk about carers in this report we are referring to unpaid carers:

"A carer is anyone who cares unpaid for a family member or friend who cannot always manage without their support. They might look after someone with a physical disability, long-term health condition, mental health issue or a problem with substance misuse." (Carers Support Wiltshire[1])

Where the report refers to paid care workers, we will make this clear, for example by stating "agency care worker."

References

[1] https://carersinwiltshire.co.uk/are-you-a-carer

Contents

Background

This report is part of Healthwatch Wiltshire's Better Care Plan work. Healthwatch Wiltshire is working with the Better Care Plan programme partnership (Wiltshire Council and the Clinical Commissioning Group) to assist in meeting its aim to see health and social care integrated by 2020. The vision for better care is based on the four priorities set out in Wiltshire's Joint Health and Wellbeing Strategy:

> "I will be supported to live healthily, I will be listened to and involved, I will be supported to live independently and I will be kept safe from avoidable harm".

To be successful, services need to improve in these areas:

- admissions to residential and nursing care
- success of reablement and rehabilitation
- delayed transfers of care
- avoidable emergency admissions
- patient and service user experience

The Better Care Plan strategy is committed to reducing the number of delayed transfers of care and to increasing the independence of patients, particularly those over the age of 65. Once they are medically able to leave hospital or a care home, the timely transfer of patients from these settings to their own home or to a care home can be challenging for health and care systems.

The Home First service is a new initiative aiming to support early discharge of patients who are medically able to leave hospital or care home. Wiltshire Health and Care provide the service and have employed rehabilitation support workers to work alongside therapists to support people on discharge from hospital. They provide care for up to 10 days before transferring the service to a home care agency if needed.

This work aims to evaluate the effectiveness of the Home First service from the point of view of patients, relatives, staff and stakeholders. It has involved gathering and analysing people's experiences of using or providing the service as well as asking for their views about it.

What we did

- We prepared information leaflets and surveys for patients and professionals.
- We visited the community teams across Wiltshire and held focus group discussions with staff involved with the Home First service.
- We provided surveys for staff members who were unable to attend the meetings.
- We asked Home First staff members to talk to their current patients about our evaluation and ask them if they would be prepared to talk to us about their experience.
- We distributed information and surveys for Home First teams to send out to any other patients who had used the service.
- We carried out one-to-one interviews with patients who had agreed to speak to us.
- We contacted acute hospitals and asked them to share their experiences with us.
- We spoke to staff from Medvivo who are involved in processing referrals for Home First.

Photo by Siobhan Boyle

Who we spoke to

A total of **34** patients and/or their unpaid carers shared their experiences of using the service:

- 22 patients or carers had 1-1 interviews that involved an informal discussion and completion of a survey
- 12 patients or carers completed our survey

A total of **76** professionals shared their views of the service:

- 61 people took part in our focus group discussions
- 10 people completed our survey
- 5 people took part in telephone interviews

Our volunteers

Healthwatch Wiltshire has a team of trained volunteers. Twelve of our volunteers were involved and contributed a total of 40 hours of their time. They supported the engagement by:

- supporting the visits to community teams and focussed discussions
- writing up focus group notes
- carrying out some of the one to one interviews with patients
- inputting the surveys
- proof reading and commenting on the report

The key messages

The Home First service was regarded as a high quality, useful service.
Patients and carers were not consistently given accurate information about the Home First service prior to coming home.
The rehabilitation and reablement aspect of the service was thought to be particularly valuable.
Patients and carers thought staff were professional, respectful, kind and caring.
Patients were not given much information about other organisations that were available.
Staff and patients thought that the service enabled people to return home more quickly, and that it could reduce the need for some ongoing care visits.
Staff thought Home First was a good service and were committed to it.
There were some concerns about the administrative tasks associated with Home First and their impact, particularly on the roles of therapists.
The Home First service sometimes extends well beyond its 10-day remit when other care services are not available to take over.
Staff felt the service could be improved with greater capacity for care visits. This was from rehabilitation support workers and home care agencies, once Home First is no longer needed.

Patients' views about Home First

In our surveys and 1-1 interviews, we asked patients and their carers to tell us about their experiences of the Home First service at different stages: prior to discharge; the initial set up; while the service was being provided; and when the service finished.

1. Prior to discharge

We found that there was considerable variation in what people had been told about the service prior to returning home. This ranged from a few who had been given accurate information, some who had been given some information, for example just being told someone would be visiting, and a few who said that they were not told about the service at all and were surprised when someone turned up. Some patients said they didn't think that they would have been able to take this information in as they were still feeling poorly and/or disorientated following treatment. There was a similar variation in what patients' families and carers had been told.

The majority of patients (88%) we spoke to said that they felt ready to come home. Some said that they had concerns about coming home. All but one of these said that they were able to talk to someone about these concerns, and that they were given answers.

On discharge, most patients and their families were not aware of the name of the service or team who would be visiting them, or how to contact them. Hospital staff told us that this sometimes meant that people would telephone the ward if Home First staff didn't arrive when the patient expected them.

Patients and staff felt that a leaflet that gave a brief overview of what to expect from the service would be useful to give to patients and/or their families before they are discharged from hospital.

2. Initial set up of service

All but one of the people we interviewed said that a member of the Home First team arrived to carry out an initial assessment when they expected them to. The one exception was a patient who said that they were discharged on a Friday evening and that no one arrived until Monday.

People told us that during the assessment a therapist made sure that they had all the equipment that they needed, ordered anything necessary, and assessed what therapy and care visits they would need. Everyone we spoke to said that they were happy with what was agreed as a result of this assessment process. Most of the patients we spoke to said that they felt safe being back home.

> "I was discharged on Friday and arrived home between 7 – 8pm. No carer arrived till Monday so me and my wife just had to manage. I wasn't given the time that the first visit was expected, when to expect people or a contact number."

"A physio came straight away after my husband came home. It was reassuring to have this from the first day. I was told who would be visiting. It is a fantastic set up as they have got a bit of everything there." **(carer from Devizes)**

Most patients told us that the service was well explained to them by the Home First team once they reached home. However, 62% of those we spoke to said they didn't know which team member was coordinating their care. All but one said that they were given contact details for the team and knew how to get in touch with them if necessary. People told us that if they did need to get in touch with the team, they were responsive and sorted out any issues or concerns.

3. Provision of Home First service

In general, the feedback we had from patients about the Home First service was extremely positive. In particular they praised the provision of equipment, staff attitude and the reablement approach.

Patients told us that, following an assessment, staff organised for a variety of equipment to be delivered. This included frames, trolleys, grabbers and specialist chairs and beds. Some equipment was arranged prior to discharge so that it was there before the person arrived home. Several people we spoke to were also complimentary about the company, Medequip who delivered and collected the equipment and said that they were friendly and helpful. People said that they found the assessment and equipment very useful in supporting them to become more independent. For example, one lady told us that by having a trolley she could now prepare her own meals and had therefore been able to stop having a care worker visit at lunchtime.

Patients and carers praised the Home First staff teams, including therapists and rehabilitation support workers. They said that staff were professional, reliable and came when they were expected. 100% of patients and carers we surveyed said that they were treated with respect and dignity when receiving care from the Home First teams. People described Home First staff as being polite, kind, caring and friendly.

"Medequip was brilliant. They provided bed, commode and cushion and then collected it – really good service, really nice people." **(carer from Malmesbury area)**

"They were all lovely and it was good to have a chat." **(patient from Malmesbury)**

"The girls were brilliant, I knew they were coming. There was nothing I could say that I didn't have that I needed." **(patient from Devizes)**

"Care staff were absolutely brilliant." **(patient from Trowbridge)**

"They said to me: 'There's no time limit, we spend what we need to spend with each person' – that is what I liked." **(patient from Trowbridge)**

"I'd forgotten how to use my microwave and washing machine, they sorted me out and got me using them again." **(patient from Devizes)**

People talked about the rehabilitation and reablement aspects of the service and said that they found this very useful and well delivered. They told us about visits from the physiotherapists and being given exercises, and visits from occupational therapists who gave advice and organised equipment. Some told us that the rehabilitation support workers helped them with keeping up these exercises. Many people said that they were encouraged to try to do personal care tasks themselves and that as they became more able, the team would stand back and only step in when needed. They said this helped them to build confidence that they would be able to do things on their own. We were also told by some people that they had been supported with tasks such as preparing meals and other domestic tasks and that they had been supported to 're-learn' tasks. Examples included using the washing machine, microwave and making an omelette. We were told that this support made people more independent, and often meant that one of their care visits could be stopped.

4. Experiences when the service finished

We asked patients what happened when Home First finished. Everyone we spoke to said that this had been discussed with them and that they understood this. Of those we spoke to 13 people told us that their care transferred to another organisation and 15 said that their home care finished as it was no longer needed. All of these people agreed that this was the right decision and several of them told us that they had been advised that they could contact the team again if they felt they needed further visits. One of these patients and their family told us that delays in accessing other health care services meant that they had not been able to keep as active as they would have liked and that due to this they had now had to ask the Home First team to become involved again.

Of the 13 patients whose care was transferred to another home care agency, 10 patients told us that there were no problems with this and 3 said that there were some problems. The problems people described concerned changes in timings of visits and late visits. Overall 69% of patients told us that they were very satisfied with the transition and 31% said that they were satisfied.

In our survey we asked people if the support they received from the Home First service had done what they wanted it to do, 91% responded 'Yes, completely' and 9% responded 'Yes, to some extent'. People felt the service had given them confidence and enabled them to be more independent. Some people told us that their quality of life was now much better than it had been for some time due to the Home First team being involved.

We asked patients whether they were told about other services that might be available to them. 31% said that they were, 50% said they were not and 19% said they were not sure. We talked about this in our interviews with patients and found that they had different levels of awareness of other support organisations. This is an area that could be developed further.

"I was in a bad way before I went into hospital. I'm better now because I can use my Zimmer frame to get out in the garden and my wheel chair to get out – I couldn't do this before." **(Patient from Warminster)**

Carers' views about Home First

Ten of our interviews and surveys included the views of patients' unpaid carers. Their feedback about the service was consistent with that described by patients.

In addition, carers told us that they had been involved in discussions about the Home First service from the point of the assessment visit at home. They said that the care visits from the team were individually tailored to the times that they needed. This meant that unpaid carers could support with care at times when they were available, and the Home First team would support when they had fixed commitments. Carers told us that this worked well for them.

Carers told us that they thought that the 'confidence building' aspect of the service was particularly useful. They said that it meant that their relative became more able to manage tasks themselves and, as carers, they felt more comfortable with them doing these.

Some carers of people with quite complex needs told us that they had been concerned about whether they would be able to manage when

the person came out of hospital. They told us that they felt well supported by the team. For example, one carer told us that they were initially allocated 4 visits a day. Once they found that they didn't need all of these, they were gradually reduced, by mutual agreement. This carer told us that they found this reassuring.

Carers told us that they felt staff from the Home First service were polite, respectful and considered their individual needs as a carer in terms of how the Home First service was delivered. However we found that carers were not given information about other organisations that might be able support them.

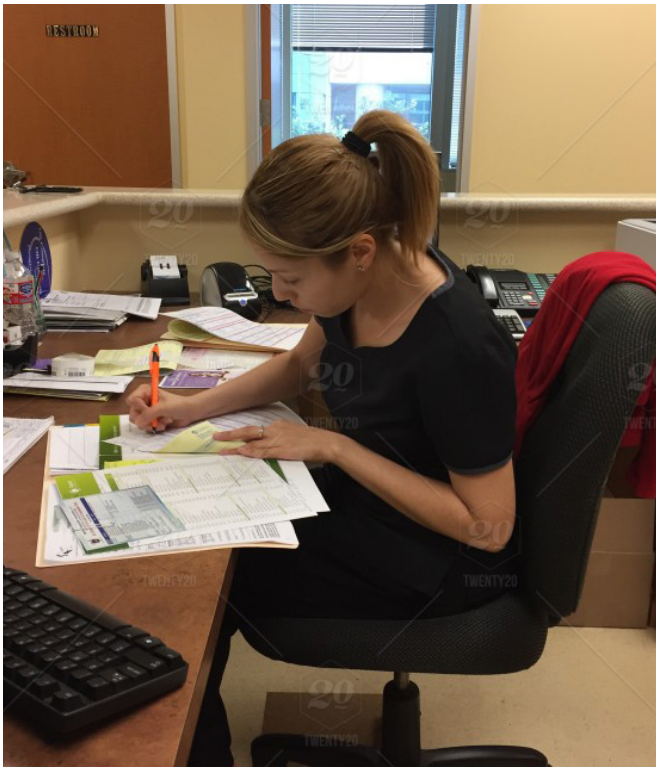
> "They encouraged my husband to be able to do as much as he could before. They also helped me as a carer." **(carer from Devizes)**

> "The team came every day in the mornings but not on the weekends as I could do this. They did whatever was needed. Once Mum could do things they would stand back. This was exactly the type of support needed in terms of confidence building." **(carer from Malmesbury)**

Staff views about Home First

We spoke to staff who were providing the Home First service as well as those involved with it. This included physiotherapists, occupational therapists, rehabilitation support workers, customer coordinators from Wiltshire Council, and staff from home care agencies, Medvivo and acute hospitals.

1. Roles and organisation of Home First teams



We found that there was variation between the teams in how the Home First service is organised. For example, some teams had designated one of the therapists to lead on the service including coordinating referrals, others alternated who was responsible on a day by day basis and others just managed things between them.

In general staff members said that some of the administration associated with Home First presented them with challenges and could be time consuming. This primarily included managing staff rotas and liaising with hospitals and home care agencies about discharge and follow on care as well as completing forms and records specific to Home First.

We were told that when Home First started staff took on new responsibilities, for example rotas. They said they were not given much guidance on how to go about this. We found

> "Much more admin, scheduling and management of staff than expected which impacts on other areas of physiotherapy." **(Home First team staff member)**

that rotas are mostly being prepared by therapists, though in some teams they are prepared by one of the rehab support workers. Covering the rota presented a challenge for many of the teams, particularly on occasions where there was staff absence. Some teams that were not yet fully staffed were using home care agencies through the Help to live at Home service to cover some of the visits. Some staff members said that they sometimes didn't get much notice of their shifts and that they would like the rota to be prepared further in advance.

Staff also talked about teething problems with some of the electronic systems. They said that they had reported these but that they had not always been resolved promptly. This had meant that they had to be particularly careful to be sure that visits were not missed.

Staff told us that they spent a lot of time on the phone liaising with hospitals about discharge arrangements and home care agencies about onward care. They said that it was often difficult to get through to the person they needed to speak to and get the information they needed. Finding out the time that a patient was likely to return home from hospital was highlighted as being particularly difficult. In particular therapists felt that the administration they were now involved in meant they had less time to spend with patients. Several therapists said that, in concentrating on Home First, their other therapy work had been affected, for example, by increased waiting times for other patients requiring routine therapy.

Staff members we spoke to had some ideas about how this could be overcome and suggested that a designated person to lead on Home First management and administration would be useful. Some teams felt that this should be a senior therapist while others saw this more as an administrative role.

2. What is good about the service

Staff we spoke to from the acute hospitals, Medvivo and the Home First teams all thought that the service is valuable and a positive new initiative for patients. They thought that the service enabled people to leave hospital more quickly and they felt that they could ensure that the right support was in place for people.

Staff valued the rehabilitative and reablement approaches that are an integral part of the service. They said that they felt that the service actively encouraged and supported people to be as independent as possible. They thought that this meant that people's ongoing care needs were reduced. They also said that they thought patients gained personal satisfaction from making progress and being

> "I have not had any issues with the referral process – we refer them when they are medically fit. They are usually quick but occasionally there might be a delay in Home First being ready. This might be 2 -3 days." **(staff member from acute hospital involved in discharges)**

more independent.

Staff felt that the rehab support workers were a great asset in ensuring that the service kept the ethos of supporting patients to become more independent. They thought this was one of the successes of the service. It was felt that this was due to the fact that the rehab support workers are inducted, trained and supervised by therapists.

Staff felt that having the rehab support workers as part of the team helped with continuity. The therapists said that this meant that they could get quick and accurate feedback as to how their patients were progressing. As a result, any changes to care could be implemented promptly.

Staff told us that they felt the confidence building aspect of the service was really important and beneficial. Those involved in hospital discharges thought this reassured patients and their families and facilitated prompt discharge because it alleviated patients and carers worries, if they know that someone would be coming in to make sure they could manage initially.

> "It has been successful in reducing care needs and enabling patients." **(Home First team member)**

Staff we spoke to demonstrated a positive 'can do' attitude, said that they worked well as a team and showed a commitment to the service.

> "I think it's a very good thing that people are assessed at home rather than in hospital. I think the service is good, but it would be amazing if there was a full capacity of trained staff." **(Home First Team member)**

> "We are positive about the Home First service, I believe it has made a difference to patients who avoid being de-conditioned or institutionalised and that mostly, patients and families end up positive about the service." **(Home First team member)**

3. What could be improved

Staff involved in Home First thought that it couldn't always operate to its full potential due to lack of capacity both in the Home First service and in the onward home care. Staff involved in hospital discharge and the Home First teams felt that they could take more patients if there were more rehab support workers employed. This was exacerbated in areas where recruitment was being undertaken to fill vacancies, although it was felt that in general more rehab support service would improve the ability to be responsive.

> "The difficulty is in finding care that can take over Home First, which means that often Home First exceeds 10 days. This means there is a knock-on effect on our capability to pull patients out of hospital or support an unwell person at home." **(Home First team staff member)**

We were told that difficulties sourcing ongoing care when the service was supposed to finish sometimes meant that it couldn't stop when it was supposed to. This varied across different areas of Wiltshire with rural areas highlighted as being more challenging to source home care.

We were told that patients often had not been given much information about the service prior to discharge and that some patients had unrealistic expectations. The most common of these was that home care would always be provided free of charge for 6 weeks, and that Home First staff would be doing tasks for the patient, including domestic tasks. Staff felt that, often, during the first few days of Home First they spent a lot of time establishing with the patient what would be provided. Staff felt that there should be a Home First leaflet which was given to patients and/or their families before the start of the service.

Staff said that, on occasions, health and social care services were not working well together. For example, we were told of one patient who ended up having 7 visits a day from several different agencies because staff providing social care visits would not support them with eye drops. This was very confusing for the individual and had led to medication errors. We were told that this had been taken up by staff and raised as a case study but that the situation was not yet resolved.

> "Some patients expect us to do everything for them, we have to explain that we are here to help them back on their feet." **(Home First team staff member)**

Although, in general, staff felt that the referral system to Home First worked smoothly some things were mentioned that could be improved. Not all hospital staff were clear what they needed to know about the patients to make a referral, and staff who managed the referral process, felt that hospital staff didn't always make the best use of the service. We were told about some instances where patient information on the referral differed from what the hospital discharge team told them. There were occasions when Home First teams felt that the patients referred to them were not appropriate either because they were too ill and/or not suitable for rehabilitation.

Recommendations

Despite some of the challenges highlighted, the Home First service is clearly valued and well regarded by the patients and carers we spoke to. Staff involved in providing the service were committed and positive and felt that the service was largely achieving its aims.

These recommendations may help develop the service further:

1. Develop a short leaflet or information sheet which describes the Home First service in Wiltshire and give this to the acute hospitals, patients and/or family members. Healthwatch Wiltshire could support with this.
2. Carry out an audit of administrative and/or management tasks and identify any that could be done centrally, for example induction training, to make this as efficient as possible.
3. Provide opportunities for staff involved in Home First to meet as a forum to share ideas and experiences of how they manage the service.
4. Ensure that all hospital staff are clear about the information needed and the process by which to make a referral.
5. Monitor the impact of delays in transferring care to other home care agencies and continue dialogue with colleagues from Adult Social Care about this.
6. Continue to raise any issues arising from health and care services not working well together, with the aim of addressing these.
7. Consider how Home First staff can provide patients and carers with information about other organisations that might be able to support them, for example, by providing rehabilitation support workers with information sheets or packs that they can pass on as appropriate.
8. Continue to recruit rehabilitation support workers into any vacant posts to ensure that the service can run at full capacity.

Next steps

We know that it is important to people to know what has happened as a result of them sharing their experiences with us. We will be working with commissioners to respond to the issues raised during this engagement. In due course we will publish an ***Evaluation of the Home First service – you said, we did*** report which will bring together the key messages from this work and the action that is underway to address our recommendations.

Thank you

Healthwatch Wiltshire would like to thank everyone who took the time to contribute their views and experience through the engagement activities. Thanks to staff Wiltshire Health and Care for sharing their views and promoting the engagement to patients, and to staff from Medvivo and the acute hospitals for sharing their views with us.

Thanks also to our dedicated volunteers who helped to support the engagement activity. Without them we would not have been able to reach the numbers of people that we did.

Response from Wiltshire Health and Care

The report was shared with Wiltshire Health and Care and Douglas Blair, Managing Director has given us this response:

Wiltshire Health and Care appreciates the review carried out by Healthwatch. Staff enjoyed being part of the assessment and having the opportunity to talk about Home First and how it is delivered. Home First was implemented last year as a new initiative designed to improve the way support is offered to people when they are discharged from hospital, and where possible, helping them back to their usual routine. It is gratifying to see that positive feedback from patients and their carers is in line with the outcomes that we are seeing in our daily practice and in our performance reports.

The report highlights some areas where improvements are required, particularly information on Home First (both pre and post discharge) and the current administrative procedures. We will be addressing these areas as a matter of priority and include a staff forum in this process.

We accept the recommendations and will be working with our partners in order to implement them.

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