



Reablement and Rehabilitation Telephone Survey results September 2016

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Introduction

Reablement, Enablement and Rehabilitation services, also known as 'Advanced Help at Home' are services provided by Central Bedfordshire Council, Bedford Borough Council and South Essex Partnership Trust, across Bedfordshire, to help people who have experienced changes to their health as a result of illness, injury or surgical procedure. The local authority and their partners work with people to restore their independence by addressing their physical limitations and using adaptations to reduce the overall impact on their life.

There is an emerging view that a patient who is admitted into hospital following an emergency is seen as soon as possible after they have been admitted. It is also thought that every person going into hospital for a planned procedure should be given a rehabilitation plan before even being admitted to hospital. In both scenarios, the purpose is to enable rehabilitation to start as soon as a patient is ready on the ward, with the aim of getting the patient home quickly and enabling them to live as independently as possible.

Reablement and Rehabilitation includes the following services:

- **Advanced Help at Home** – Carers calling at home
- **Intermediate Care** – 7 day service; Physiotherapist / Occupational therapist who work with rehabilitation support staff to enable patients to regain abilities and independence within their own homes.
- **Community Physiotherapy** – provides assessment and treatment for patients who are having difficulties at home.
- **Community Occupational Therapy** – visits a person in their home and makes recommendations for equipment, like a grab rail, to help with their independence.
- **Neuro Rehab Team** – for people with a newly diagnosed or existing neurological condition who would benefit from rehabilitation to improve their quality of life.

Background

Central Bedfordshire Council has invited the Local Government Association (LGA) to undertake a joint Peer Review for the Reablement and Rehabilitation service delivered across Central Bedfordshire and Bedford Borough, to understand current service delivery with a focus on offering a good, accessible, consistent experience for the customer regardless of how they accessed the service. The Review will also seek to understand where the Council could better streamline or avoid duplication.

Healthwatch Central Bedfordshire was invited by the Director of Adult Social Care, Health & Housing at Central Bedfordshire Council to design a telephone survey for current and previous users of the Reablement and Rehabilitation service.

The outcome of the survey is to be used to inform the joint LGA Review.

A representative sample of current and previous users of the Reablement and Rehabilitation service, across Bedfordshire, was used for the survey, as follows:

- Central Bedfordshire Council 52
- Bedford Borough Council 28
- South Essex Partnership Trust 51

Total 131

Methodology

The aim of the quantitative research was to collate views and opinions of service users who had gone through the six week Reablement / Rehabilitation Programme. The information was gathered via telephone interviews using a questionnaire. (See appendix 1 for a copy of the questionnaire). A total of 89 telephone interviews were conducted.

The questions were designed to examine the impact of Reablement / Rehabilitation taking account of service user views with regard to how they accessed the service, the type of support received, satisfaction levels and any arising issues within the remit of a telephone survey. These questions were devised within a narrow time frame and therefore offer limited depth of information. In addition the limitation of using volunteer callers with limited experience to ask the questions meant that we could not use 'defined probes' to refine respondent's experiences as we would normally expect to do so. We were also unaware of the health details of the individual concerned in order to determine condition based responses. No comparator group was involved.

The language and format of the questionnaire was tested briefly prior to conducting the telephone survey by a user panel comprised of volunteers and carers. The panel advised on small changes to the original format.

The group of HWCB Volunteers who conducted the telephone interviews received training and guidance prior to making the calls which included information about services delivered within Reablement and Rehabilitation. A script template and 'general prompts' for each question was also given to each Volunteer to ensure consistency.

The service users identified by the Local Authorities and SEPT were all sent a letter prior to the telephone call to advise that a Healthwatch Central Bedfordshire representative would be calling to ask a few questions about the service they received.

In a small number of cases a family member provided the information required to complete the questionnaire.

Calls logged as follows:

Total number of surveys completed: 89
(Mon 26th, Tues 27th & Wed 27th September)

Unanswerable Calls:

'No answer' or 'voicemail' (3 attempts)	18
Permanent engaged tone:	7
Wrong Number:	2
Unable to answer questions (confused):	5
Refused to answer survey questions:	3
Claimed no support offered:	1
In a Nursing Home:	1
In Hospital:	1
Too unwell to answer questions:	1
Claimed not to have received services at home: (or did not need service)	3

TOTAL: 131

Analysis of Telephone Surveys

In Question 1, service users were asked how they were referred into the Reablement and Rehabilitation support service.

As would be expected the single largest group of service users (57%) identified the hospital social work team as the referral point for the Reablement and Rehabilitation service and it is reasonable to presume that this service would be prescribed as a hospital discharge package.

Community social workers made up the next largest group of 'named' referrers at 17%. Interestingly only three people in our sample identified GP's as the referral point for Reablement and Rehabilitation services. This appears to be quite a low number of people; however, there may be system based explanations for this. Indeed, this may fit into the established parameters and referral routes for the service. It could, for example, be common practice for GP's or other primary care practitioners to refer patients they see as in need of rehabilitation services to community social work teams which would mask the origins of the referral.

Alternatively, this very low level of referrals for Reablement and Rehabilitation services by GP's may bear further examination; given that no other primary care sources were quoted as referral points in the 'other' category. Speculatively; it's a reasonable assumption that GP's and other primary care practitioners regularly see people who are managing long term conditions / co – morbidities in the local community with varying degrees of success. In terms of preventative therapeutic prescription there may be scope for GP's to consider whether greater access to the Reablement and Rehabilitation service at an earlier stage may prevent hospital admissions. A reason perhaps not to consider this practice may of course be the potential volumes of referrals that may be involved.

22% of respondents said they were referred by 'other' agencies than those named in the survey. Analysis of the 'other' shows that four respondents did not know how they had been referred, three respondents told us that they had been referred by Community Occupational Health Services and another three were self-referrals. Two people said that they were referred by a private care home and another two were referred by third sector agencies (Age Concern and the MS Therapy Centre). The remainder (7%) were referred by services connected to main 'named' referrers, the hospital or the community social work provision e.g. staff nurse on ward, Falls team etc.

In Question 2, service users were asked what type of support they received, for example Occupational Therapist, Community Physiotherapist, Home Carer or Equipment fitted at home etc.

It appeared that the majority of service users received more than one type of service which made this a difficult question to analyse without some more detailed work on the combination of services that individuals have received and the relationship between these combinations and the care pathways. At first glance there do not appear to be any obvious patterns or correlations between patient pathways and service combinations.

In Question 3 service users were asked if they understood the support service that was being offered to them.

Over half the sample, 63% felt that they really understood what the purpose of the service was with another approximate 15% saying that they mostly understood. 23% said that they

either hadn't fully understood or hadn't understood at all what their support was meant to achieve. There was no obvious correlation with referral routes and some of these answers may be condition based.

In Question 4 service users were asked if the support service began when *they* needed it to.

A large majority of customers (93%) felt that they had received this service either at the point they needed it or very soon afterwards with little delay. Of the remaining 7% of respondents one person told us that the service was not at all timely and the rest felt that there had been a delay.

Overall this represents a good positive response and on the balance of probability, unlikely to be improved upon when such issues as location, specialist requirements and circumstances are factored in alongside general supply and demand.

It would appear from this response that the service is getting it right for most people most of the time.

In Question 5 (a) service users were asked whether they were involved in setting goals or targets with the support staff to help them do certain tasks by themselves.

A small percentage of the respondents (15%) did not feel that independence targets were appropriate to their situation. Of the remainder, 37% were involved in independence target setting and felt that they were to a large degree involved in the setting of these targets, with 17% agreeing that they had made a moderate contribution to the setting of independence targets.

A minority of respondents, 7%, said that they were only involved in such target setting to a small degree and 25% of the people we asked about involvement in setting their own goals for independence told us they were not at all involved. Interestingly this answer correlates with the answers to Question 3 where 23% of the respondents told us that they were not sure what the Reablement and Rehabilitation service was offering them.

Further work may be required here to compare referral / care pathways with user engagement. It may be that it is clearer after a traumatic / acute health event why you now need Reablement / Rehabilitation and support, than it is in a situation of chronic health and independence decline. It would also be useful to compare patient outcomes to levels of perceived patient engagement.

Question 5 (b) asked service users if they thought the support team helped them to achieve the tasks set.

In answer to this particular question, 18% of the sample identified the question as inapplicable to their circumstances. Not surprisingly (given previous answers) a total of 27% of our sample felt that their rehabilitation or support targets had either not been achieved or were only achieved to a small degree. At first glance this is a worryingly high proportion of service users who say that the intervention was of little value to them. However, we should not presume exactly what is being said here, this is to a large extent a 'tick box' survey; surveys of this nature can be notoriously inaccurate at eliciting complex information particularly that which involves perception rather than concrete evidence. As a general rule data of this nature would be supported by at least one focus group.

Question 5 (c) asked service users what did they think about the idea of setting goals or targets and then achieving them.

Overall these comments only came from the individuals who had already told us that they were involved in setting their own rehabilitation targets. The feedback was overwhelmingly positive in that people clearly had enjoyed the experience regardless of their levels of success. Interestingly a number of people spoke about safety and the 'safe way' to do things. In addition, particularly for those people who described themselves as being very 'independent', were reassured to be told they needed to go at their own 'comfortable' pace and not to rush. The comments overall indicated a fairly enthusiastic group of service recipients.

In Question 5 (d) service users were asked to comment on the things that were most important to them to relearn or that they wanted to do again for themselves.

Not surprisingly, increasing their mobility and performing their own personal care were the most common targets shared by our respondents.

Question 6 asked service users how the support service had helped them to maintain their independence at home.

It is noticeable that more people told us that the service they had received assisted them with their own personal care and mobility in the home than other categories in this question. Given the comments in Question 5(d) this may reflect the service user's personal priorities as much as the rehabilitation programme targets.

The next highest category was 'helping you have control over your daily life'. Which of course the personal care and mobility would be significant factors in this matter. In addition, 34% of respondents said that they had been supported to prepare food and drink and an equal number indicated that they had been helped to stay safe.

Sadly, a much smaller group of people indicated that the support that they received had assisted them in keeping in touch with other people in their community; only 11% felt that their rehabilitation had included this benefit.

When asked to identify 'other' ways that the support respondents received had helped to achieve independence, the feedback demonstrated some confusion on the subject; two people mentioned that they needed help with cleaning and another person talked about being means tested for home care etc. In this respect the question was unsuccessful in eliciting added value although quite a number of people commented that they could cope better with a 'walk in ' shower.

Question 7 (a) asked service users how they had found the staff supporting them through the service.

A large percentage (89%) of respondents, when asked about the staff who supported them through the service was overwhelmingly positive, describing them as 'very helpful and supportive'. The remaining 11% thought that staff were only partly or moderately helpful.

In Question 7 (b) service users were asked if there was anything else that people wanted to tell us about the overall experience of the support they received from staff within the service provided.

The majority of responses to this question were positive; most commented to praise the staff involved in the delivery of their services. There was, however, in the comments section of this question, as well as comments given in the 'others' section at times, an underlying feeling that respondents were often mixing up different services especially 'on going' home care services with the 'Reablement and Rehabilitation Support Service'.

Question 8 asked service users what they felt about the length of time they received the service for.

Approximately two thirds of respondents (66%) felt that the service they received was either 'just right' or 'long enough' to meet their needs. The remaining 34% of the people surveyed were either unsure whether they had had sufficient Reablement / Rehabilitation support or felt that the service had not lasted long enough. To some degree this correlates with the number of people who did not feel that they had been helped to achieve their goals for independence.

In Question 9 (a) service users were asked how satisfied they were with the service provided to them.

Many of the respondents (67%) were very satisfied with the support they received which related to the positive answers given in Question 6, which referred to the ways in which the support had helped to maintain their independence. However there was a small number of respondents (22%) who indicated 'satisfied' or 'neither satisfied nor dissatisfied' (8%) with the service they received who did not feel that the support they received had helped them in any significant way. Of the remainder, 1% said they were 'dissatisfied' or very dissatisfied (1%).

Many of the respondents who said they were 'satisfied' with the service added that they did not feel they had benefited from it. One older man indicated that as his dementia cannot be cured the support is mainly for his wife and he thought the service *'could be improved by providing more support for my wife'*. Another gentleman who was 'satisfied' with the service stated that *'his wife has looked after him for years and the 'helpers' wanted to interfere and change things that had worked for years'*.

Question 9 (b) asked service users how they thought the service could be improved.

The majority of people we surveyed largely continued to be positive about the services they had received. There was however a number of themes that emerged, the most commonly suggested being, 'An improvement in advanced home care provision'. The main issue appeared to be the continuity of personnel and timeliness of the service; *'I don't want to be put to bed at 8.00pm'* and *'I wish the same person could come each time'* (Healthwatch Domiciliary Care Survey 2016 also found that continuity of carer was the single most important issue to the care recipient).

The other clear theme to emerge was the issue of equipment; only one person mentioned having to wait for equipment but there were a surprising number of complaints about equipment not being collected for recycling. It is difficult to fully understand what the issue is here because the 'equipment' was rarely itemised. As, for example, some items of equipment are not cost effective to collect and recycle, however this does need investigation in case the short term nature of the Reablement and Rehabilitation intervention means that early closure by the original prescriber does not result in a recycling request being made to the equipment

provider. If this is the case, then potentially there is a lot of unnecessary wastage at the council's expense.

The third theme to emerge was that a number of people felt they would have benefited from a longer period of rehabilitation.

In Question 10 participants in the survey, who had completed their course of Reablement and Rehabilitation, were then asked how they have coped since the service stopped.

Roughly a third of our sample (34%) were still in receipt of the support service so did not answer this question.

Disappointingly only 11% of this group said that they were coping well, with ease. An overwhelming majority of people (54%) told us they were coping but with some difficulty, of which 38% were optimistic about overcoming their difficulties but 16% were less optimistic and were struggling to cope. It is questionable whether this figure should be used to gauge the efficacy of the service as this would be problematic; the obvious problem we have in forming a view is that we have not surveyed any people in similar circumstances who did not receive this service – a comparator group. Equally we do not have any understanding of this group's expectation at the start of the programme and how realistic they were. Rather than overall efficacy of rehabilitation these responses may point to an issue about the management of those patient expectations overall if anything at all.

Finally, volunteers were asked to add any additional comments captured during the call they felt were pertinent to the service being delivered, as follows:

- Excellent, very patient and professional.
- Very independent - is gaining more independence on small things and trying hard to get even better.
- One incident, wanted a little bin emptied; carer said it wasn't her job but would do it on this occasion. But washed my hair and helped get between toes. Wanted to write a thank you note but can't post it!
- Really appreciative of the service.
- Very impressed with the service as were all the family.
- Very adamant that they should be re-using the equipment they install.
- Was quite confused about the service she received. She has four carers come in every day as she has no legs but that happened four years ago. She received an occupational health assessment but that was only one or two visits to put in a wet room.
- This gentleman was becoming quite distressed about the state of his home, re cleaning etc.
- Fine, no problems - nice to have been asked their opinion – may be calling social services regarding extra help with personal care.
- If all teams were this good they couldn't improve.
- Will not take back equipment.
- Physio was rude and just abandoned her.
- Physio Great, Carers Useless.
- This gentleman could not understand why his condition is deteriorating - weakness in hands, now can't walk. He used to drive but was told to stop.

- Medication: Some confusion regarding what medication he should be taking - someone is sorting it out but it is taking a long time and he is nervous about taking the wrong pills.
- Wife has looked after Derek for years. Helpers wanted to interfere and change things that have worked for years. Didn't want targets etc, just help in the mornings.
- Husband has dementia. Support is mainly for wife. Husband cannot get better so no goals.
- No ongoing support - phones ***** when there's a problem.
- I still need help and am waiting for an assessment from ***** home care team in Dunstable. They come once a day now to help me get up.
- Mrs N said that Mr N did have an OT visit twice before he was admitted to hospital; about his walking. To be followed up. She was pleased with re-enablement service.
- This lady seemed to be unaware that her carers were for six weeks only. She said that she had to pay an Indian lady £500 to do her live in care. The lady carer has returned to India. She feels that all she requires now is a walk in shower and then she can cope on her own. She says that the carers did not come very often.
- This lady has macular degeneration and is unable to heat meals for herself. Hopefully her care will be extended. Has to return to hospital after a recall.
- This lady is a wheelchair user and lives in *****. The lift has been out of order for 7 weeks and therefore she is unable to leave her flat unless someone carries her wheelchair down and then helps her down. She only leaves her home one day a week (Sunday).
- This lady is very articulate and is aware that following her hip joint replacement she will be unable to do certain things for herself in the short term. She is worried that she will not get extra help.
- Ms P said she was "fit as a fiddle" two years ago when she then had a urine infection, fell out of bed and her health deteriorated.
- This gentleman will miss the chat etc with the support staff. Can't speak highly enough of the staff.
- Main Comment: physio to continue for as long as it can improve my mobility.
- Had to have private carers - not walking very well, needs a lot more aftercare. Evergreen - terrible heat, nowhere to sit outside, needed the Sun.
- Physio. Mr M said his wife was getting on Lovely when a physio used to visit. This suddenly stopped; Mrs M tried to find out why but has not been able to. They got a special chair but no physio to help her move around.
- A confusing one! Very articulate client who didn't remember much at all or what service she was receiving. She thought Rehab. She said she is active and takes her dog out twice a day.
- Lots of trouble with communication doesn't know what is happening.
- Look at what the patients actually need - some things are more important than others.
- ***** is a diamond, he has been very helpful. Asked about benefits he would be entitled to. Will call back with social services number.
- Spot on. Deserves a medal.
- Staff very easy to talk to.
- Speeding up the housing department and get them to understand individual's circumstances. We are all different
- I have been satisfied and have regained much of my mobility

Summary

Overall there appeared to be a relatively high level of positive responses to the questions asked and therefore satisfaction with the Reablement and Rehabilitation services that people are currently receiving / have received in their own homes across Bedfordshire.

The responses to Question 4 suggested that generally speaking the service is timely, delivered soon enough for people post an ill health episode to maximise rehabilitation efficacy. However, with regard to efficacy, there was some conflict within the responses gathered.

It was noticeable, for example, that many people told us that the service they had received assisted them with managing their own personal care and mobility in the home, than other categories in this question. Also, when asked about how successful they had been in achieving independence, 25% of people said they had not been able to achieve their goals. When asked to reflect on whether or not they had understood the purpose of the services they had received, a sizable minority, 23% reported that they either had not understood the purpose of the service at all or not entirely understood the purpose of the service.

This approximate level of negative minority responses was consistently reflected on 'engagement' questions throughout the survey, for example, 'were you involved in setting your targets and goals by support staff to help you do tasks on your own' a similar number of people, 25%, also said they were not involved with target setting.

Because of the vulnerable and recuperative nature of the group questioned, the lack of any personal health details, and the lack of a comparator group it is difficult for this data to give any clear indication whether the 23% of people who did not appear to have been fully engaged by the service had less successful outcomes or less positive experiences of the service.

It is clearly an area of further investigation which a focus group(s) or 'one to one' interviews may support.

Key Findings:

The results of this telephone survey would suggest the following:

- The service was generally well received and valued;
- That the staff involved in the service were well liked and appreciated, although the consistency of carers / therapist was important to people;
- That the introduction point to the service was generally in good time to be effective;
- That the majority of people served felt considerable benefit from the service;
- That many people would have liked the service to continue;
- A significant minority of people were confused about the origins and purpose of the service;
- A similar minority felt that the service had not achieved as much for them as they would have liked;
- That some people had unrealistic expectations of the service;
- Many people were confused about the discrete nature of this service and blurred their responses to include comments on disparate longer term services;

- People generally wanted aids to daily living removed when they no longer needed them and viewed the Council / NHS as wasteful for not recycling them.

Recommendations / Suggested Actions:

This is an important service; research shows us that if delivered in a timely manner with the full productive engagement of the service user, Reablement and Rehabilitation support services are an extremely effective way to help people to remain living independently at home. The evidence of this survey suggests that, in Bedfordshire, this service is delivered in a timely manner to considerable effect. However it would also suggest that:

- The service needs to be rebadged / branded with a new name e.g. hospital at home etc. in a way that suggests its function, is distinct from other long term community support services and is memorable.
- A short film using positive rehabilitation experiences is prepared to properly introduce patients to the service, and fully explain its objectives. One that can be played in their own homes on a CD or website and can be left with patients and their families for them to play as many times as they need in order to reinforce understanding and objects.
- Consideration be given to the provision of stills of exercises or tasks in rotation in an electronic photo frame (a technique successfully used with young disabled people for independence training in schools).
- Further, properly considered investigation is undertaken to compare service user outcomes with referral points and pathways in order to determine scope to properly manage supply and demand, and also increase efficacy.

Contact:

Healthwatch Central Bedfordshire can be contacted as follows:

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**LGA PEER REVIEW TELEPHONE SURVEY –
SEPTEMBER 2016**

NAME OF CALLER/VOLUNTEER: _____

DATE OF CALL: _____

NAME OF PERSON CALLED: _____

TELEPHONE NUMBER: _____

GENDER: _____

AGE BAND: _____

ETHNICITY: _____

GEOGRAPHICAL AREA: _____

DATE SUPPORT SERVICE STARTED/ FINISHED (if it has):

QUESTIONS

Question 1:

Can you tell me how you were referred into the Reablement / Rehabilitation support service?

- Through a social worker at the hospital
 - Through social services (social worker)
 - By referral from my GP
 - Other, please specify
-
-

Question 2:

**What type of support did you receive?
(REMEMBER TO TRY AND TAKE THE NAME OF THE CARER/SUPPORT WORKER/THERAPIST IF YOU CAN AND WRITE IT HERE:**

.....

- Home Carer (help at home)
- Occupational Therapist
- Rehabilitation Support Worker
- Community Physiotherapist
- Neuro Rehabilitation Worker
- Equipment fitted at home
- Other, please specify _____

Question 3:

Did you understand what the support service was offering you?

- Fully understood
- Partly understood
- Mostly understood
- Did not understand at all

Question 4:

Did the support service begin when you needed it?

- Yes Not immediately, but soon after
 Not at all There was some delay

If answered other than yes, to this question, please use the prompts to explore further:

Question 5:

(a) Were you involved in setting goals / targets with the support staff to help you do certain tasks by yourself?

- To a large degree To a moderate degree
 To a small degree Not at all

(b) Did the support team help you to achieve these tasks?

- To a large degree To a moderate degree
 To a small degree Not at all

(c) What did you think about the idea of setting goals / targets and then achieving them?

(d) What are the things that were most important to you to relearn or that you wanted to do?

Question 6:

**How has the support service helped you to maintain your independence at home?
(Tick all that apply)**

- Helped you to get around within your own home
- Looked after your personal care needs e.g. washing and dressing
- Helped you to prepare meals and drinks
- Helped to keep you safe
- Helped others to care for you
- Helped you have more control over your daily life
- Helped you to communicate and keep in touch with other people / community
- None of the above
- Other, please specify

Question 7:

(a) How have you found the staff supporting you through the service?

- Very supportive and helpful
- Not at all supportive or helpful
- Moderately helpful
- Partly helpful

(b) Is there anything else you would like to tell me about your overall experience of the staff supporting you?

Question 8:

Did you feel that the length of time you received support from the Service was:

- Long enough
- Just right
- Too short
- Not sure

Question 9:

(a) Overall, how satisfied are you with the service?

- | | |
|--|---|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Neither satisfied nor dissatisfied |
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Not sure / No comment |
| <input type="checkbox"/> Other, please specify | |

(b) How do you think the Service could be improved?

Question 10: (for those who are no longer accessing the service):

How have you coped on your own since the support service stopped?

- | | |
|---|---|
| <input type="checkbox"/> Easy no problems | <input type="checkbox"/> Coping but with some difficulty, which can be overcome |
| <input type="checkbox"/> With difficulty | <input type="checkbox"/> Coping but with some difficulty, not easy to overcome |

ADD HERE ANY OTHER COMMENTS YOU WANT TO MAKE ABOUT THE PHONE CALL:
