

Ageing Well

**Peoples Experience of using Berkshire
Healthcare Foundation Trust's, Rapid
Response service**



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Aims of the project

Berkshire Healthcare NHS Foundation Trust asked Healthwatch Wokingham, Healthwatch Reading and Healthwatch West Berkshire to conduct service user research about its Ageing Well services; 2hr Urgent Community Response and 2 Day Community Rehabilitation.

The aim is to get an overview of patients care whilst accessing the Ageing Well services and how they felt about the experience. By using an independent third party to ask the questions patients should feel more able to share their experiences freely, without concern about their ongoing or future care. The results will be reviewed by Berkshire Healthcare Foundation Trust in order to evaluate what is working well, and areas of improvement.

Urgent Community Response aims to prevent unplanned hospital admissions by sending a team to people's usual place of residence within 2 hours of a referral for a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response. Berkshire Healthcare sought patient experience to find out what was working well and any areas for improvement.

Methodology

Using a secure platform Berkshire Healthcare Foundation Trust shared contact details for 36 service users who had opted in to receive a call from Healthwatch Wokingham Borough. We interviewed 19 People, 10 contacts did not answer the phone and 7 people declined to take part.

We interviewed 11 service users, 3 family carers and 5 professional carers by telephone call.

We aimed to complete the interview between 5-10 days after people had had their first visit from the Urgent Community Response Team. We found it difficult to get an accurate description of the service after 10 days as people were often experiencing memory difficulties or had been visited by other services in the interim.

We experienced some challenges which will be useful learning for future projects. The cohort of individuals were usually unwell, elderly and had experienced stressful circumstances such as a fall or injury. Owing to these factors some people did not feel able to answer all our questions and others could not remember the detail of their interaction with the Urgent Community Response Team.

Due to high levels of Covid-19 circulating in the local area we were unable to conduct our interviews face to face. We offered the choice of telephone or video call.

When someone was not able to participate, we recorded the reason given they included:

- Did not speak good English- carer
- Service user was too unwell to talk on the phone
- Did not remember anything
- Carer or service user was upset or anxious

In these cases, we offered reassurance and ended the call. We recognise that this group are targeted by scam callers more than others and therefore may be wary of talking about personal matters on the telephone. In future we will send a written letter in advance so that people are expecting a call from Healthwatch.

The cases ranged in complexity with some people only requiring occupational therapy equipment such as raised seating or handrails installed. Others were more seriously unwell and needed a range of interventions from the Rapid Response team alongside care agencies and social workers.

Summary and Key Findings

The service was found to be caring, responsive and valued.

The attitude of staff was very important to everyone we spoke to. The first visit from the Urgent Community Response team happens at a time when people are often feeling anxious and in turmoil or pain.

We were told, *“They were incredibly caring and understanding of the situation and took time to explain everything and importantly to listen”* (Service user)

Carers also found the first visit re-assuring.

“The two people who visited were very polite, took their time to explain and answer my questions and they were very caring which helped because I was very nervous about what might happen.” (Carer)

People valued the time that the team spent with them. 100% of people we interviewed thought that they stayed long enough to address their needs.

“She was here for quite a while talking to me and looking at my mobility and where I had problems in my home. She told me I could ask any questions and she answered all the questions I asked her and checked I understood” (Service user)

Care that was adapted to the needs of the individual was identified as a key component of satisfaction with the service. We were told about situations where the Urgent Community Response team had gone ‘above and beyond’ to make sure someone was safe in their home.

100% would recommend to friends and family

“I Commend them on their efficiency. As soon as I know they are coming I feel more secure. I really couldn’t be happier with the service.” (Service user)

Working with other health professionals to acquire a detailed history benefited the patient and carer

We heard that it mattered to people that they didn’t have to repeat their story. By understanding the history in advance the Urgent Community Response team were able to quickly address the issue.

“The team explained why they had visited and knew exactly why we had been referred. This meant I didn’t have to go through everything again which really helped as in the past I have had to explain things over and over again to health services.” (Carer)

Delay of occupational therapy equipment, fitting or lack of suitability caused issues.

While most people were happy with the equipment they received, we spoke to 4 individuals who were experiencing challenges because of unavailable or unsuitable equipment.

This caused physical difficulties for the carer and lack of dignity for the service user.

2 carers were improvising and using unsafe equipment in an effort to help.

“The shower chair was too large for bathroom. I have had to use the commode so that he can have a shower. It is too heavy and it’s dangerous as it could slip. It is dangerous for me too. It’s hurting my back but what else can I do? He needs to have a shower.”

Patients were not always able to remember what they had been told. Particularly about onward care and management of their condition.

Remembering what has happened and making sense of future management was confusing for around half of the people we spoke to.

“I can’t remember if they said what would happen next, my memory isn’t good.” (Service user)

Carers who were there to support at the visit were often able to remember more. Some people knew they had been given information but couldn’t recall what it was.

“Yes, they did tell me, but there are so many visits I can’t remember which are from this team and which are council or social workers.” (Service user)

If there were any concerns raised by service users and/or their carers, Healthwatch escalated this to the services following individual consent.

Recommendations

Commend staff on care and treatment

It is clear that Urgent Community Response service users highly value the people who care for them. Staff should be recognised accordingly and encouraged to continue providing individualised, responsive care.

Address equipment issues or provide alternative plans in the interim

In some circumstances lack of appropriate equipment could mean that someone is not able to remain at home or needs increased care, reducing their independence.

Supply chain issues and fitting delays should be addressed where possible. If there is a delay, then a plan should be put in place with the service user and carers involvement. This should include how they can safely move around the home, toileting, and hygiene/ washing.

Provide a written plan for future care and ensure understanding

This plan should include the names and job roles of those who visited the patient. This will be helpful if patients or family members or carers need to follow up with the service for any reason.

Services that enable patients by giving them information to help keep them informed and involved in their own care.

Service users were often confused about future care and did not know the most appropriate person to contact. A written plan including further appointments and management of the condition/ issue alongside contact details for the Urgent Community Response team should be provided.

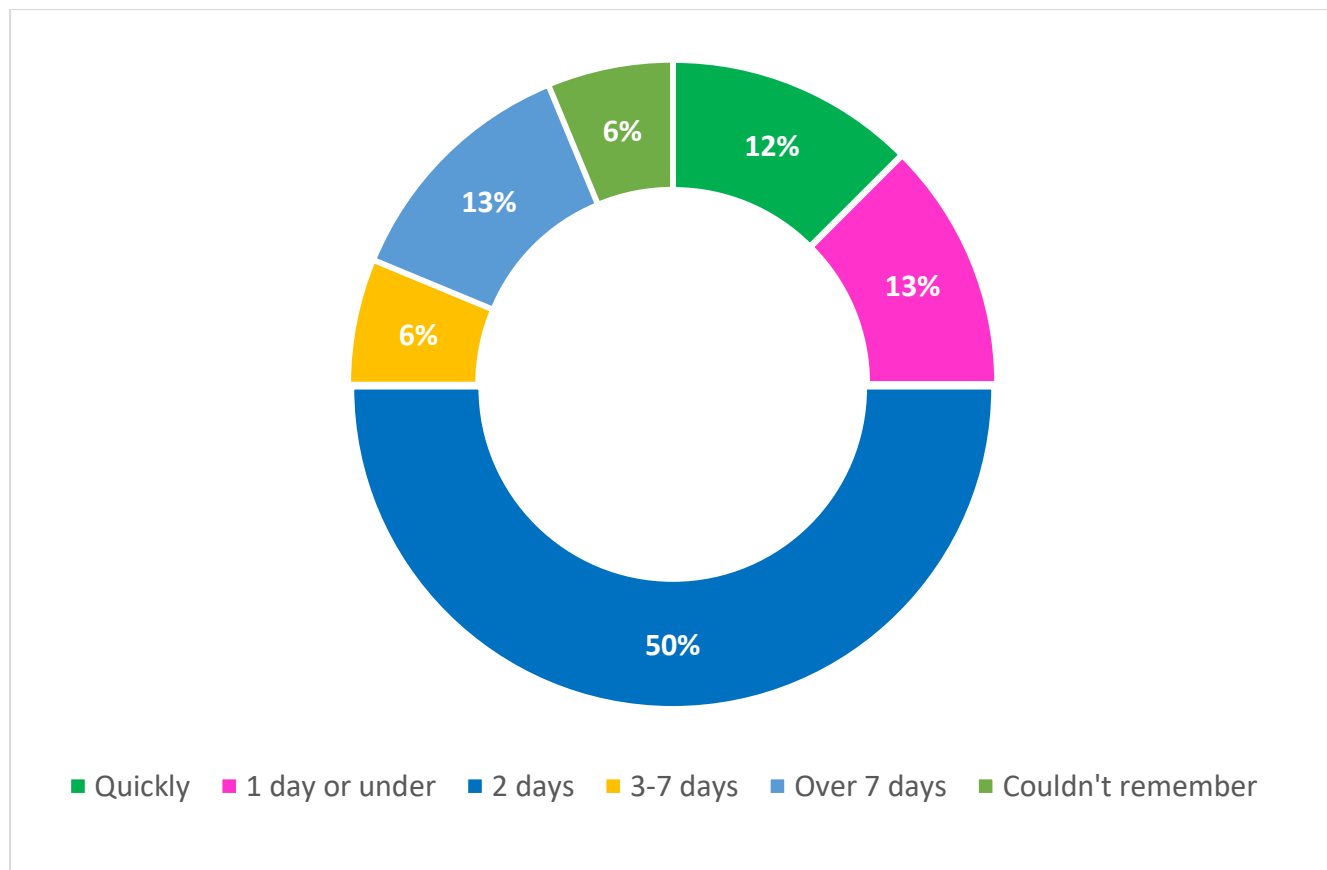
Ensure that staff refer to the service by the same name to avoid confusion

We found that people called the service a variety of names. Using one name will help service users, carers and health professionals to understand who they have seen and set expectations for treatment. While distinctions between names of services may seem irrelevant to patients, this made it difficult for Healthwatch Wokingham to identify which line of enquiry to pursue during interviews.

Interview responses

Question 1

How soon after the referral/or problem did you get a visit?



2 people were seen by the 2 hour urgent community response service with the remainder being visited by the 2 day urgent community response team.

Most people were happy with the time it took to see the team

“They came quickly the first time, the nurse who took blood was efficient. The job was done properly” (carer)

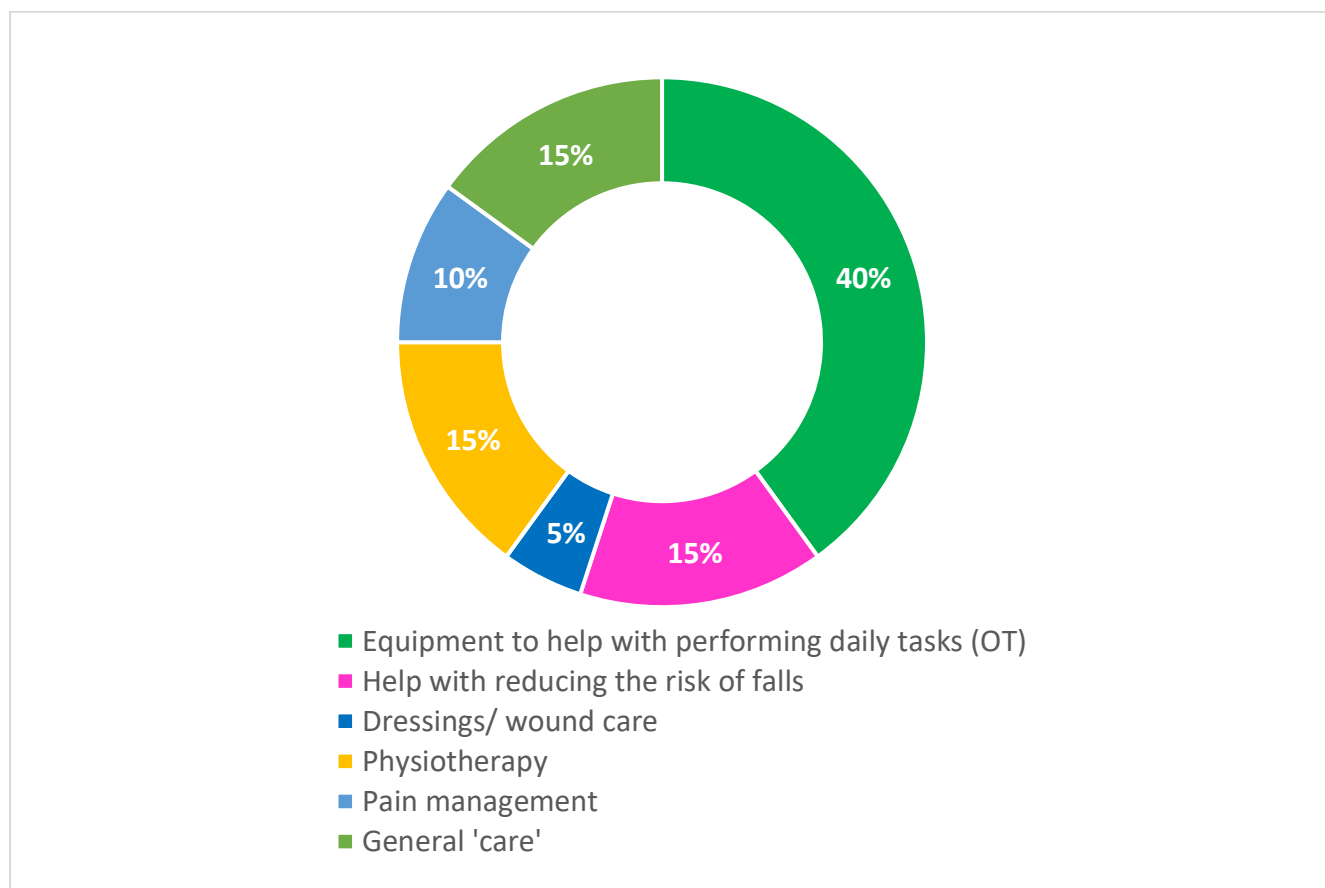
But those who waited more than 7 days for a visit found the wait challenging.

Some found that the wait for OT equipment delivery and installation (after the initial visit) was too long.

“Unfortunately, I am still waiting for the chair commode 10 days later. This is causing real problems as I can’t lift my wife due to my own medical problems. I did ask why it hadn’t arrived and was told they were out of stock.” (Carer)

Question 2

What kind of help were you hoping to get from this visit?



Some service users seemed unaware of the type of help they could expect to receive from the team. They spoke about the injury or problem they faced.

“My mobility isn’t very good, and I had a fall”

Professional carers were more certain about what they could expect, possibly due to having used the service before.

“We were hoping to get help with moving and walking. They should be helping to keep him mobile.”

Most expressed satisfaction with the service, their needs were met.

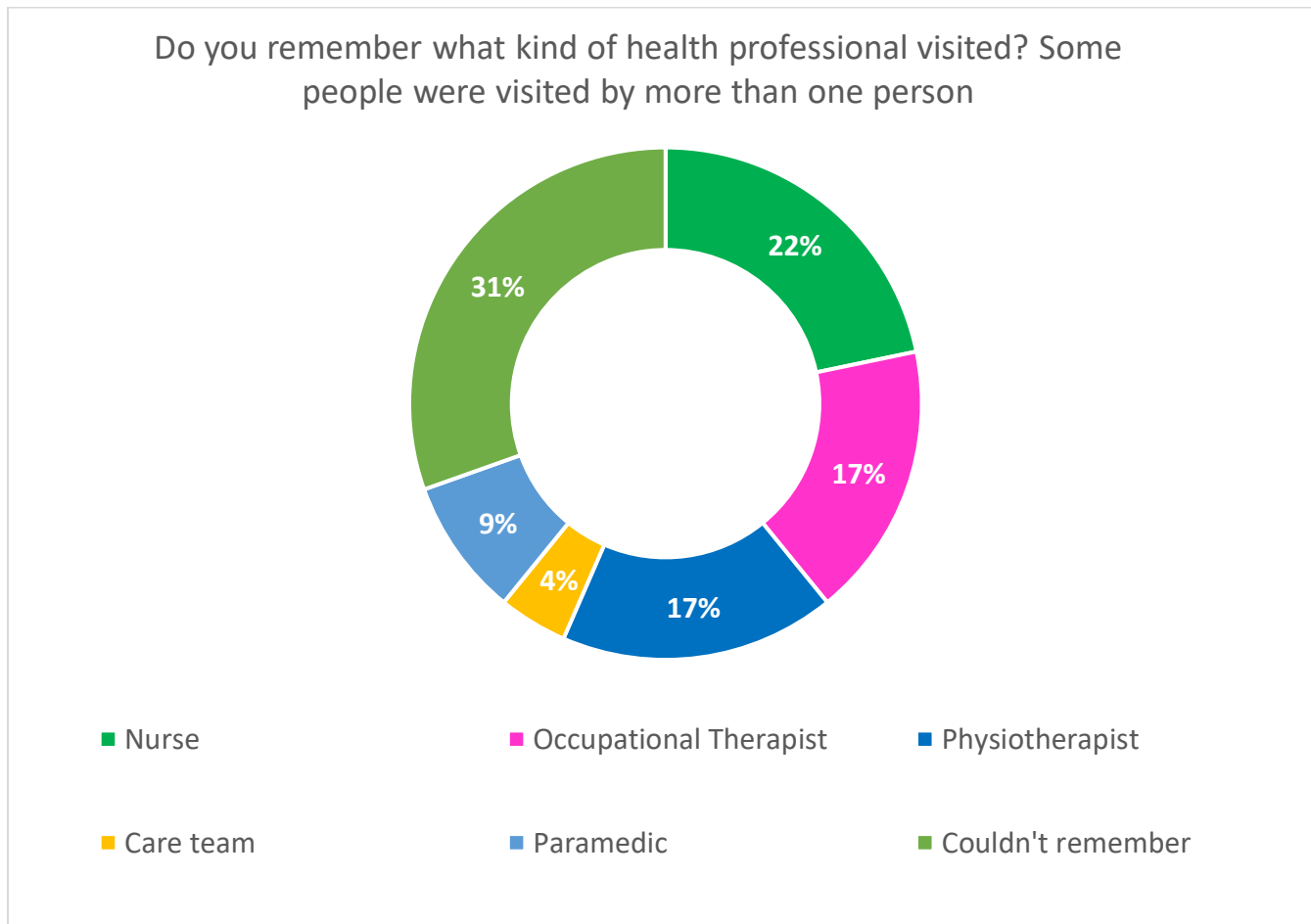
“They were brilliant, first class, gave simple information and I felt more comfortable and confident.” (Service user)

One was looking for support from a different service that was unavailable.

“I wanted help from Marie Curie and/or care package but nothing could be put in place other than the RRAT.” This meant that they were not able to receive the care they were looking for, but they understood that the team had done all they were able to.

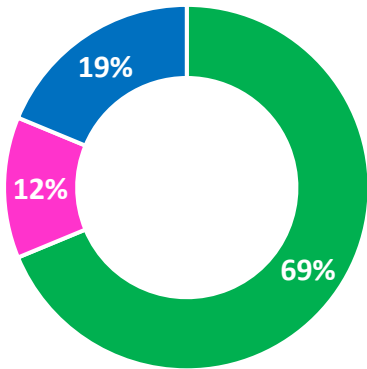
Question 3

We'd like to know what happened at the start of the visit.



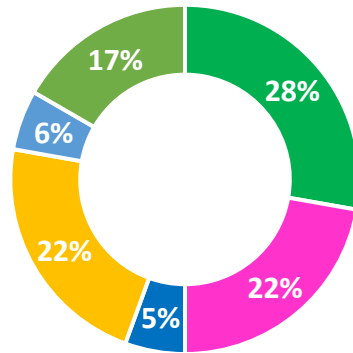
“We had a physio and an occupational therapist, I think. There were 5 of them on one day though so I can’t remember everyone. We had to leave the front door open! It was great having so much support, I felt really well looked after. They were all very professional” (Service user)

Did they give you their name and/or job title?



■ Yes ■ No ■ Can't remember

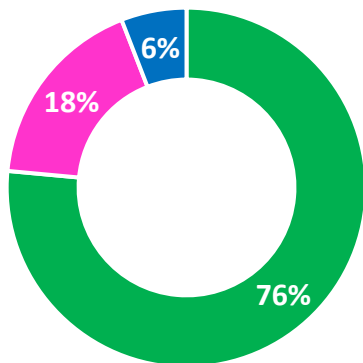
Did they tell you what team or service they were from?



■ RRAT
 ■ Rapid response service/ team
 ■ Intermediate care team
 ■ Yes but I can't remember what they said
 ■ No
 ■ Can't remember

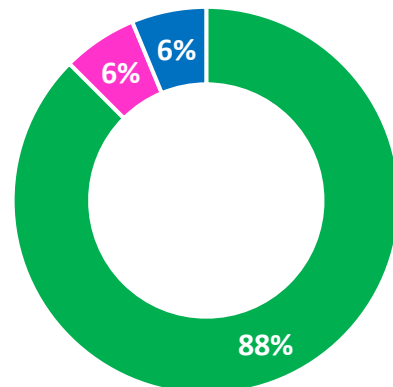
“We knew they were from the rapid community response team. We’ve used them before a while ago for my wife. I’ve always had confidence in the rapid response team, they really know what they’re doing.” (Service user)

Did they give you a leaflet about the service?



■ Yes ■ No ■ Can't remember

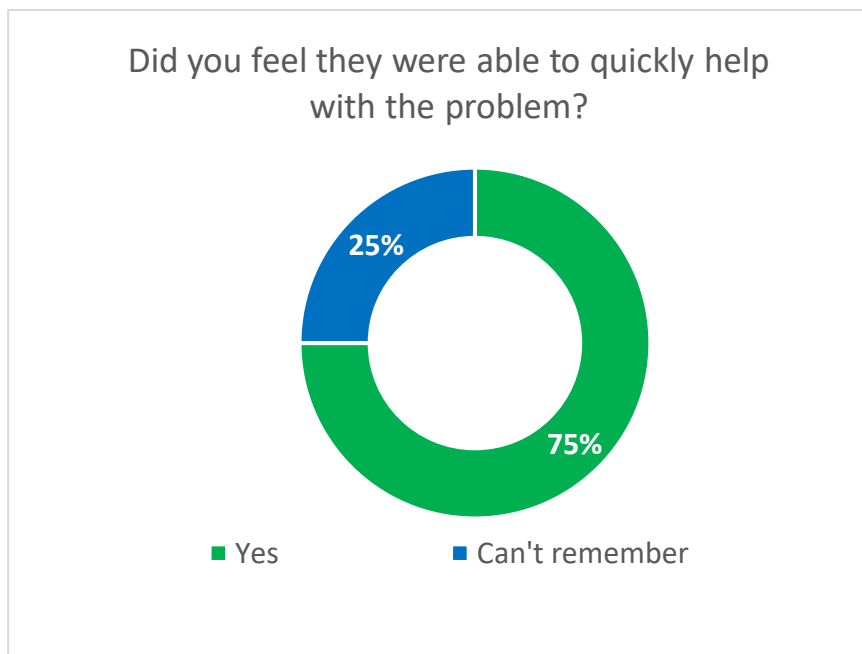
Did they tell you why they were visiting?



■ Yes ■ No ■ Can't remember

Question 4

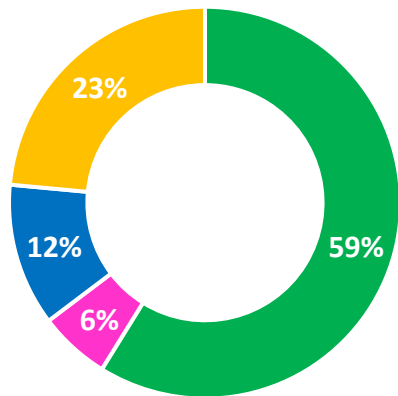
We'd like to know what you thought of the care you got during this visit.



The quality of care provided by the Rapid Community Response team at the initial appointment was valued by people who appreciated their knowledge and skill.

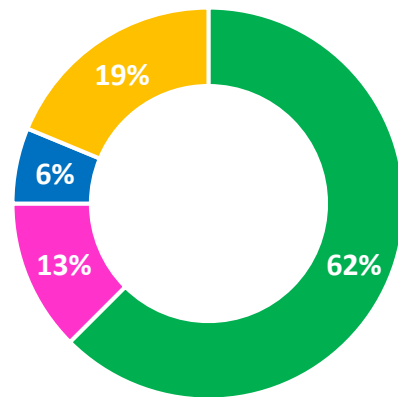
“I was happy with the care, and what they had to say. We had a long chat which was what I wanted, and I felt like they listened. I now have the team I can phone up and they will come, I feel well supported.” (Service user)

Do you feel they were able to stop your problem getting worse?



- Yes
- No
- Somewhat
- Wait and see (ongoing treatment)

Did they make you feel confident that you'd be able to manage staying at home ?



- Yes
- No
- Only a minor issue
- Somewhat

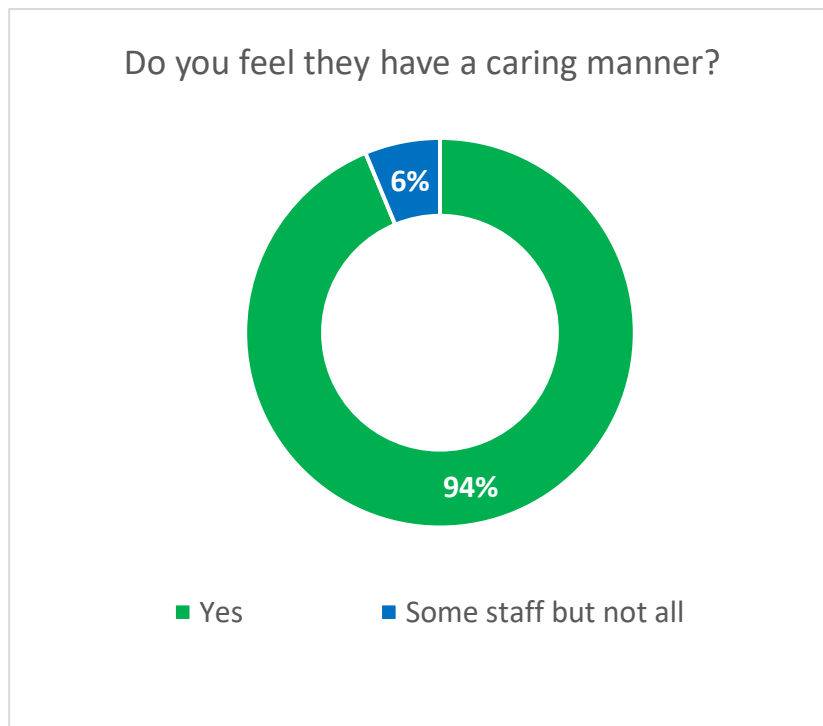
Around 60% of people felt fully assured that the interventions provided by the Rapid Community Response team would enable their recovery.

“I feel more confident now that I have the equipment that I will not fall and that I can use the toilet without being worried to do so.” (Service user)

Some people did not feel so optimistic about their ongoing health and were anticipating a hospital stay or further treatment. Others were concerned for the person they care for.

People with more complex needs experienced less confidence about the future. These service users and carers were appreciative of the chance to stay in their own home, even if they saw it as a temporary measure.

“I’m hoping it will help but my wife has gone downhill very quickly, and I’m concerned nothing will help her. I will try to look after her and hope the equipment helps but if not, I will have to look for a care home for her.” (Carer)

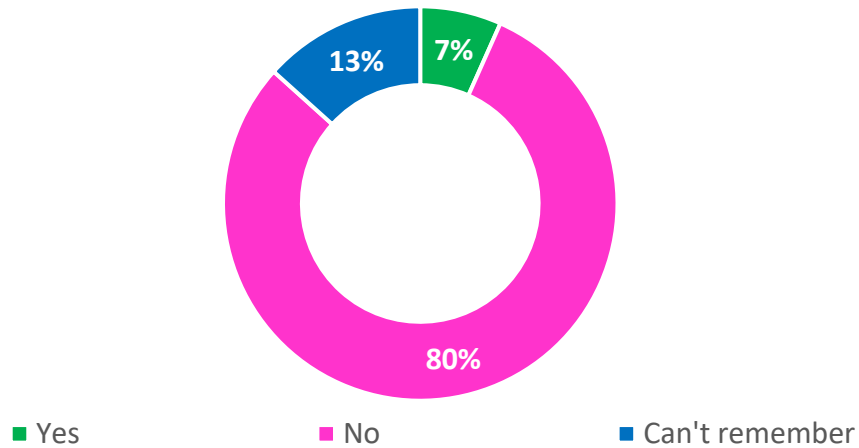


An overriding theme from the interviews was that people felt well cared for at a difficult time. Communication with staff was very important. Service users and carers described staff as; kind, caring, patient, good listeners, re-assuring, understanding and polite.

“The RRAT team are always caring and professional in my opinion. They take their time explaining both to the care home and the patient.”

“The two people who visited were very polite, took their time to explain and answer my questions and they were very caring which helped because I was very nervous about what might happen.”

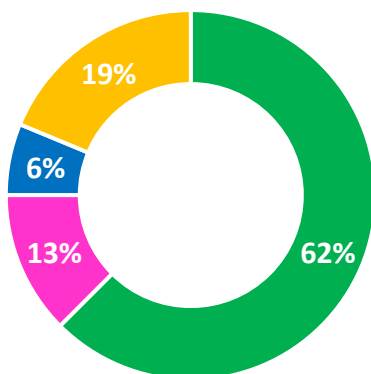
Do you feel they asked you questions that you had already been asked by your GP or other health professional who arranged this visit for you?



Healthwatch Wokingham Borough often hear from carers and service users who become frustrated with having to repeat their story to multiple health professionals. For those with a complex medical history it can become exhausting and disempowering.

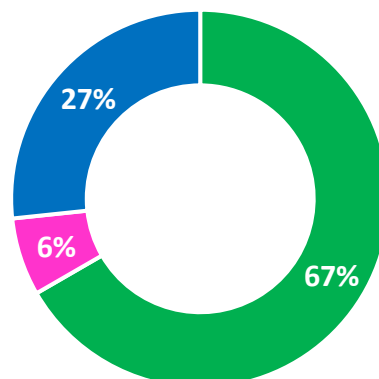
People appreciated the knowledge that the Rapid Community Response team had about their case. They were happy to provide additional details and ‘fact check’ on the initial visit.

Did they leave you any written information ?



■ Yes ■ No
 ■ Contact details only ■ Can't remember

Before they left, did they tell you what would happen next?



■ Yes ■ No ■ Can't remember

27% of people couldn't remember being given information about what would happen next. Others had some knowledge about next steps but may not have been able to recall everything they were told.

“They told me about the equipment that would have to be delivered, they told me some other things, but I couldn't remember what they were.”



“Yes, they were here quite some time doing the assessment and they answered all the questions I had. They told me if I had any further questions after the visit then I could contact the office.”

Question 5

Is there any other feedback - good or bad - that you'd like to give?

Are there any particular things the staff members did for you that really made a difference?

"I Commend them on their efficiency. As soon as I know they are coming I feel more secure. I really couldn't be happier with the service." (service user)

"There was one lady who arranged for a ramp and fire alarms to be tested that was really good. She was very efficient and helped us a lot." (carer)

"I don't have anything negative to say about this service. It was all great. The only complaint I have is that there are too many different people involved with my situation and it is confusing and overwhelming." (service user)

"Everything they possibly could do for the client they did. They were extremely caring, polite, patient, made client feel that what they were doing would make a difference" (carer)

"The lady who came seemed really sympathetic about my situation and reassured me there were things that could be done to make my situation in the home better." (service user)

"They were incredibly kind and caring and pleasant throughout." (carer)

"The staff took their time, explained everything and check the care home and patient understand everything and what to do if there are any problems. They were kind and caring to the patient." (Carer)

"They were very polite, patient, explained everything to me. I don't think they could have done any more." (Service user)

"I don't feel they could have done any more than they did. They were kind, took their time, listened and answered my questions and I'm very grateful. I have no complaints and would recommend the service to anyone." (Carer)

"Coming to assess my wife quickly after leaving hospital because I was worried how I and she would manage. Also that they came back a few times to make sure the equipment was right for my wife." (Carer)

"They took their time, and I didn't feel rushed" (Service user)

"They made me feel like they were going to be able to help me and try and prevent me having to go to hospital." (Service user)

"Yes. I mentioned that when my mother fell out of bed, she was pressing her 'call' pendant but it didn't work. He checked this out and said we needed not only a base unit downstairs but a base unit upstairs. Also, he suggested getting a 'fall detector'. He also worked around the delivery of the bed so that I could be here when it was delivered to mum's house."

Is there anything about the way they spoke with you that you liked?

“Their caring, patient and polite manner.” (Service user)

“Some people were helpful, but I think they got fed up with me. They seemed frustrated.” (carer)

“Taking the time to explain things to me and making sure I understood.” (Service user)

“They were kindly spoken and reassuring” (carer)

“I liked the way they spoke to my wife and I; they were caring and took the time to listen to my concerns.”

“Just very caring and understanding.”

“They were both very kind and caring and took time to listen to me.”

“I liked the way he spoke to my Mum. He didn’t speak down to her and he took the time to explain everything.”

Could they have done anything differently?

“They need better OT equipment. They didn’t have a shower chair that fits in the bathroom which makes it very difficult” (carer)

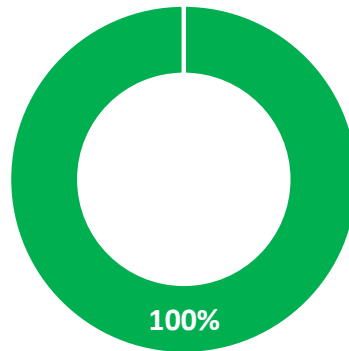
“There should be more focus on how he is moving and improving that so that he can be independent” (carer)

“They just turned up which can be difficult if the timing isn’t right while you are caring for someone. A phone call beforehand would have helped.” (carer)

“The only issue, and it isn’t part of their job, is that I have to pull the patient upstairs seated in front of me while I shuffle upstairs backwards, I don’t know what the answer is to that” (Carer)

“I really need the equipment they promised- the commode- to be delivered” (Carer)

Would you be happy for a friend or relative to be seen by the team?



■ Yes

“Oh yes, I would absolutely recommend them to anyone I know if they needed help like me.”

Service Provider Response

Berkshire Healthcare welcome this positive report as UCR is a new service delivery model, the report contains some valuable learning points and insights from the service user perspective that will feed into current and future service developments.

We are in agreement with the challenges that Healthwatch experienced when completing this survey given the cohort of service users and the Trust will adopt the recommendations made when undertaking future surveys.

We recognise there specific focus areas that require further improvements in relation to networking, signposting to a range of community and voluntary sector services and the need to review communication with our service users as appropriate to meet their individual needs.

Commend staff on care and treatment - The Healthwatch report in its entirety will be shared with staff.

Equipment Delays - Equipment delays are recognised and actions are in place with our supplier to support staff to look at alternatives and problem-solving around these challenges.

Provide a written plan for future care and ensure understanding - Berkshire Healthcare have a plan to review discharge pathways from the services and will work with partners to ensure service users understand the next steps.

Ensure that staff refer to the service by the same name to avoid confusion -

Berkshire Healthcare will review current communication methods to address the issues identified in the report. The service are currently implementing the use of fridge magnets which can be left behind in the patients home after a visit from the UCR services allowing them to know that the team has visited, who did their care and which locality they were seen by. We will audit the patients' journey and interaction in 2022 to ensure the service have made improvements

Appendix 1

Interview Schedule for Urgent Community Response

introduction for call/meeting

Hello, I'm calling/visiting you from Healthwatch Wokingham, the local independent patient voice body. We're working with the NHS on a project to collect feedback about your recent experience (or the experience of a relative you care for) of getting urgent help in your own home (or care home) from a community health team.

Can I check you are happy to carry on with a short conversation and that you give us your consent for us to include the feedback in a report we'll write for the NHS? Your name and personal details will not be included, all feedback is anonymous. The information you give will help the NHS understand what works well and what could be improved.

We would also like to record our conversation to help us capture your story - we will delete it once it has been transcribed. Are you happy with this?

Questions:

We understand that an NHS community health team or staff member visited you recently when you had an urgent problem. Your GP or another health professional (or the care home) might have arranged this for you by making a referral . (They might have called it the RRAT service, community rehabilitation, urgent response or something else)

We'd like to understand what you remember about this visit and how it went for you.

1. The first thing we'd like to know is, how soon after the referral/or problem did you get a visit?

(prompts: Perhaps an hour or two later? Or the next day or after?)

Themes: Access, responsiveness

2. What kind of help were you hoping to get from this visit? (you don't need to tell us if you don't want to go into the detail of your health or care needs with us)

Themes: communication, patient awareness

3. Next, we'd like to know what happened at the start of the visit.

Themes: communication, service quality

Prompts:

- Do you remember what kind of health professional visited eg nurse, therapist? (colour of uniform might help?)

- Did they give you your name and/or job title?

- Did they tell you what team or service they were from?

- Did they give you a leaflet about their team/service?

- Did they tell you why they were visiting? eg explain their understanding of why you had been referred

4. Now we'd like to know what you thought of the care you got during this visit?

Themes: Service Quality, Communication, Integration, Prevention

Prompts:

- Did you feel they were able to quickly help with the problem?
- Do you feel they were able to stop your problem getting worse?
- Did they make you feel confident that you'd be able to manage staying at home (or at the care home) for the meantime rather than needing more specialist support such as going to hospital?
- Do you feel they have a caring manner?
- Do you feel they asked you questions that you had already been asked by your GP or other health professional who arranged this visit for you?
- Do you feel they stayed long enough to deal with your needs and answer any questions you had?
- Before they left, did they tell you what would happen next (e.g. they would do a follow-up visit, or the team would be writing to your GP etc)
- Did they leave you any written information (e.g. how to manage your condition, name and number of service/staff member to call if things changed)?

5. Is there any other feedback - good or bad - that you'd like to give.

Prompt:

- are there any particular things the staff members did for you that really made a difference?
- is there anything about the way they spoke with you that you liked?
- could they have done anything differently?
- would you be happy for a friend or relative to be seen by the team?
- even little things can make a difference to the care you get and the NHS has committed to listening to the feedback we get about this particularly service.
- we'll make sure that any feedback is fully anonymised so they won't know who have us particular comments
- we are independent of the NHS and other services and our job is to make sure patient and service users' stories and feedback are heard

Contact us

Postal Address: c/o Town Hall, Market Place, Wokingham, Berkshire RG40 1AP

Contact number: 0118 418 1418

Website: www.healthwatchwokingham.co.uk

Email address: enquiries@healthwatchwokingham.co.uk

Facebook: facebook.com/HealthwatchWokingham

Twitter: @HWWokingham

Instagram: [healthwatchwokingham](https://www.instagram.com/healthwatchwokingham)