

healthwatch

Tower Hamlets

Supporting independence



Report on service
user views of the
reablement
programme in
Tower Hamlets
2017

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

Healthwatch Tower Hamlets 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 made on how services will be delivered, and how they can be improved.

www.healthwatchtowerhamlets.co.uk

Introduction

Healthwatch Tower Hamlets interviewed 14 local users of the local authority reablement service. The aim was to get an understanding of their experience of the service: what had worked well; what had not worked so well; and how the service could be improved.

The purpose was to provide this information to the Local Authority Health Scrutiny Committee to support their review of the reablement service and to improve the service for local residents.

What is reablement?

Following an accident, ill health, or a stay in hospital people may have lost confidence or ability to do everyday tasks for themselves. Reablement is a short-term support service that can help them to regain their skills or ability to cope with everyday tasks, and helps them to live as independently as possible. The service lasts for up to six weeks.

A range of both personal care and household support is provided as part of an Independence Plan. This can include:

- Getting washed and dressed
- Using the toilet
- Taking care of their health or managing their medication
- Preparing snacks and meals
- Completing laundry and housework
- Doing the shopping
- Getting out and about
- Accessing social activities

Method

The Health Scrutiny Committee provided us with a list of 34 service users who had gone through the reablement service in the past two to three months. They also provided an interview question guide (attached Appendix 1).

A member of staff and two Healthwatch volunteers contacted all of the individuals

on the list by phone and 14 agreed to take part in a phone interview.

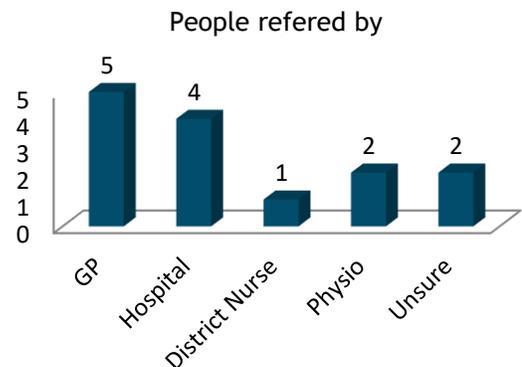
Participants

We spoke to 14 people, 5 men, 9 women, five of whom were both Bangladeshi and Sylheti speakers.

Key Findings

1. Referral

People were generally referred to the programme by their GP or the hospital.



The hospital and physio referrals seem to be appropriate to the aims of the service.

I had spinal surgery done and they set me up with the service when I was discharged.

My mum broke her leg and is incontinent. The physio referred her to this service.

However with the GP referrals it was less clear that they would benefit from reablement (three referrals were for people with mental health issues) and they were generally more negative about the benefits of the programme.

I'm not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren't any help we asked them not to come again.

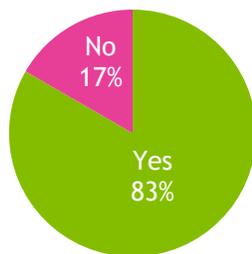
The GP referred us because he has mental health issues.

Some patients were confused as to why they had been referred and a number were under the impression that they were being assigned a carer rather than an individual who would aid them in achieving personal goals and become more independent.

2 Understanding the service

The majority of people did know what the Reablement service was and were pleased with the idea of becoming more independent after their injury or illness.

Do you understand the purpose of reablement



Yes they explained what the service was clearly. That it's about increasing the independence and not doing it for my sister. They would be with her for approximately 6 weeks

When asked follow up questions regarding their knowledge, their feedback was more positive based on their awareness of exactly the type of care they were going to receive. Patients who were not aware of the specific aims of the service were caught off guard and rather confused. Some people needed full time carers and were unhappy when “told what to do” without much consultation.

Yes they did explain what the service is, but we thought they were going to help us and not just give advice. They explained everything.

All in all, people were generally pleased with the service when regaining independence was what they desired. When people did not know exactly what

the service aimed to provide, they were dissatisfied due to a misunderstanding of the carer's intentions.

It is the biggest waste of money Tower Hamlets could ever have. They did not tell me anything they just went ahead and bossed me around. I need a carer forever. This was not what I needed.

The patient's extensive knowledge of the service was more likely to result in positive feedback and satisfaction.

3 Views of the service

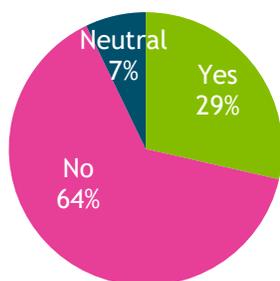
If the Reablement workers helped patients become independent doing tasks they asked for help with and wanted, patients were very satisfied with the service. For those who wanted it, the service helped them cook and prepare food in the kitchen, clean, take medications, wash clothes, bathe safely, and get out of bed safely.

The service was great they helped keep her independent and when she was not comfortable about doing some things they understood.

My last carer was fantastic. She helped me regain my independence slowly and encouraged me to eat even though I suffer from an eating disorder and really only like to drink shakes.

However, a significant number of patients felt as though their goals were not taken into consideration. These patients tended to become frustrated with the care they received with tasks they did not need or could not perform. Many of these patients were elderly and felt that they needed long-term care rather than independence. Thus, they did not benefit because they were too ill to be independent.

Did reablement help you to regain independence



Many patients felt as though the service was beneficial in theory, but not relevant to them. It did not seem to match up with their needs or what was really important to them at that point

We didn't benefit from the service at all. They tried to show my mother in-law how to use the bathroom taps. She wasn't interested and in fact it made her more annoyed. My mother in-law isn't independent I have to do everything for her. She isn't interested in being shown how to make snacks and drinks. She can do those things, she needs other support. I don't see the point of this service

I know how to make myself a cup of tea and food. I live alone and am very scared. They are good. But this isn't what I need. I need to move where there are people who can take care of me. They have adapted my doors, so that's been good.

They did not do what I asked, which was to install hand rails for my bath. They put in an electric seat with a remote control that moves me in and out, but I still need a hand rail.

They just bossed me around without asking me how I feel.

4 Suggested improvements

Patients reported that the staff were competent to meet their needs for the most part. At the same time, some felt unsure because the Reablement workers did not spend enough time with them or

assumed what they needed without asking them.

They knew where she required some extra equipment and made her feel a little more comfortable about doing things on her own with that acquired equipment

Hard to tell because they did not spend much time with me

Even though some patients did not feel as though they were involved in identifying their goals or aims whatsoever, some did; responses varied greatly.

Patients were almost always encouraged to prepare their own light snacks and drinks, but some were unable to do this because of their medical condition. Again, this was very frustrating for them.

I was encouraged to make my own shakes.

I cannot cook - only microwave. They did not ask me about any of this, they only installed the bath seat

After their experience with the service came to an end, some patients were aware of how to report any concerns or complaints in relation to any aspect of the care they received from the Reablement, whereas others were not. Some patients suggested a standardized protocol for providing them with information about contacting Reablement after the service ends.

Some people felt that what they really needed was a permanent care package and that reablement was a waste of time and money.

My sister got annoyed with the service. They would show her how to bathe, but if she got any water on the floor because she needs assistance, then she was expected to wipe up the water herself. She is elderly and could easily slip and fall. But they said they cannot help her. She got annoyed and she told them not to come back after four weeks. She knows how to make food and drinks alone. She needs assistance and not showing how to become independent. She isn't any more better off from this service

Like I said my mother in-law needs a carer and someone to take her out. I am her main carer and we asked for some type of respite care. I'm not sure what the point of this service is. When I asked the helper to do it for her she said no and said she is only here to show her. She is old and she isn't in need of becoming independent. I asked to be given a carer. I have my own ailments that need to be managed. When you ask for help they don't want to help you

It did not do anything. And yeah I need 24 hour care not this reablement stuff

If people with mental health issues are going to continue to be part of the reablement programme staff may need more mental health awareness training.

They should educate the carers on mental health issues and explain that they are just there to help not to judge or say anything about people's lifestyles. There was also an issue with logging their hours. They needed to go to a certain amount of people and if they did not have time they just would not come which also set me back

Summary

Although people appreciated what it was that the reablement service was trying to achieve and the staff it was concerning how few of them felt that it had actually helped them to regain their independence. Those for whom it did work were people who had had a single incidence of need e.g. operation or fall and there wasn't a preexisting deterioration.

There appears to be a mismatch between what service users think the programme will do and what staff are there to do. A clear assessment needs to be made of whether regaining independence is what the person wants and that realistic steps can be made towards that goal within the six week period. There seems to be a delicate balance between supporting and pushing someone to achieve their goals and being seen as being bossy and not listening.

A number of users and carers felt that what they really needed was longer term social care support and the objective of regaining independence was unrealistic. For this reason they became very frustrated and sometimes annoyed by the programme. There was a sense that from some that they saw reablement as a hurdle you have to go through in order to establish that you need an ongoing care package.

In some cases the service did not seem to be personalised as it could have been. Unless you are able to deal with the issue that is most important to that person at the time their experience of the service overall is going to be negative.

They did not do what I asked, which was to install hand rails for my bath. They put in an electric seat with a remote control that moves me in and out, but I still need a hand rail.

I know how to make myself a cup of tea and food. I live alone and am very scared. They are good. But this isn't what I need. I need to move where there are people who can take care of me.

It is unclear how reablement links to wider integrated care and integrated personal commissioning programmes in the Borough. It seems that some of the users could benefit more from links to longer term support through social prescribing, home adaptation and carers support services.

Interview Question Guide

1) How did you come into contact with Reablement?

2) Do you understand what the purpose of the reablement service is?

- **(Prompt)** Did you feel you had enough information about the Reablement Service prior to you being seen by them?
- **(follow up)** Were the aims of Reablement made clear to you when you entered the service?
- **(Prompt)** When you were admitted to the service did the staff talk to you about how long you would be expected to remain in the service?

3) What are your views on the performance of the service? What went well?

- **(Prompt)** Can you tell me what went well about your time with the reablement service?
- **(Prompt)** Did the service help you to regain your independence? Did you need a home care service after the team stopped working with you?
- **(Prompt)** Do you feel the staff were competent to meet your needs?
- **(Prompt)** Did you feel you were involved in identifying your goals or aims?

- **(Prompt)** Did you feel you were encouraged to prepare your own light snacks and drinks?

- **(Prompt)** Were you aware of how to report any concerns/complaints in relation to any aspect of the care you received from the Reablement Service?

4) What are your views on the performance of the service? What could be improved

- **(Prompt)** Can you tell me what issues you had with the reablement service? What do you feel could be improved?
- **(Prompt)** Did you feel you were encouraged to wash and dress yourself?
- **(Prompt - if discharged from hospital)** When you were discharged from hospital was a reablement package already in place or did you have to wait? Did you have any issues getting the right support in place?
- **(Prompt)** Did you require any equipment or home adaptations from the reablement service? How long did this take to arrive?

5) Do you have any other comments about any aspects of the reablement service?

Close

Thank you for answering my questions.