



Spotlight on intermediate care

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, during events, drop-in sessions and listening events at a range of venues across the city, online through the feedback centre on our website, via social media and from callers to our 'Just ask' helpline. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

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1. Introduction

Intermediate care is one of our research priority areas for 2016–17. Intermediate care services are short-term health and/or social care services provided to mainly older patients to help them live independently for as long as possible. The purpose of the services can be to:

- Prevent people having to be admitted to hospital
- Enable them to leave hospital as soon as they are medically fit
- Stop them having to be moved permanently into a care home before they need to



Intermediate care services can either be home based (where care is provided in a person’s own home by health and/or social care professionals) or residential (where care is provided in a care home or community hospital, again by health and/or social care professionals). In all cases, the role of the person or team delivering the care will depend upon the service user’s needs at that time. The main feature is that they are short term services (usually up to six weeks) focused on enabling the service user to live independently again.

Intermediate care services are becoming significantly more important as the population of Newcastle both increases and becomes older. These services offer people with increasingly complex care needs an alternative care response to lengthy and costly hospital admissions. Intermediate care services are a rapidly emerging area of service provision which is set to become an increasingly significant component of the overall care offer. Therefore, it is crucial that service users’ voices are heard during this key period of development.

2. Rationale: why look at intermediate care now?

Newcastle health and social care partners (Newcastle City Council, Newcastle Upon Tyne Hospitals NHS Foundation Trust, NHS Newcastle Gateshead Clinical Commissioning Group and Northumberland Tyne and Wear NHS Foundation Trust) are currently in the process of reviewing intermediate care. The aim is to develop an intermediate care model that better reflects the needs of the local population and ensures a rapid service user assessment and appropriate care. The review is focused upon providing care closer to home which ‘maximises independence and quality of life for people of all ages, whilst ensuring cost effective use of resources’ (‘Intermediate Care in Gateshead and in Newcastle Proposals for the future July 2017’, Intermediate Care Steering Group internal report)



We have contributed to the review by looking at the service user experience of intermediate care services. Our research was developed in consultation with the Intermediate Care Steering Group and its purpose is to:

1. Better understand how service users experience the various elements of the current intermediate care offer.
2. Find out whether those in receipt of intermediate care feel the services have had a positive impact on their wellbeing.
3. Give people receiving intermediate care the opportunity to share their views about the services they receive and to make suggestions about how they might be improved.
4. Share our findings with Newcastle City Council, Newcastle Hospitals NHS Foundation Trust, NHS Newcastle Gateshead Clinical Commissioning Group and the Intermediate Care Steering Group.
5. Make sure our findings feed in to, and influence, the outcome of the review currently being carried out by the Intermediate Care Steering Group.
6. By focusing on the user experience of intermediate care, we hope that our approach will provide constructive insights into any emerging issues or areas of concern with the service.

3. Methodology

We initially planned to visit and interview 20 local people who had received home based intermediate care, and eight people who were coming to the end of their stay in a residential intermediate care unit (either The Connie Lewcock Resource Centre or the Eden Court wing of Wheatfield Court Care Home). We were unable to secure the consent of 20 people who received home based care due to tight time schedules, and therefore interviewed ten people receiving home based care and 19 people receiving residential care (ten from Connie Lewcock and nine from Eden Court).

All participants were initially approached by care staff and asked if they would like to take part in a survey about the care they had received. When consent was gained their names and contact details were passed to Healthwatch Newcastle staff who contacted them to arrange a convenient time to talk. The survey took the form of a semi structured interview designed to find out the specific service user's experience of services. It lasted between 15–45 minutes and included a combination of open and closed questions. All participants were asked the same questions (see appendix). Interviews were carried out by Healthwatch Newcastle staff and specifically trained volunteers. We have combined the results for home based and residential care as they are very similar.

We intended to aim for as wide a spread as possible in terms of gender, age, residency, socio-economic and ethnic grouping when recruiting interviewees. Unfortunately, due to time constraints and the practicalities of sourcing participants, we had to talk to the residential participants who were available, able and willing to talk to us on the day. For those who received home based care, we spoke to people referred to us by the service providers (eight participants) and those we could find ourselves (two participants).

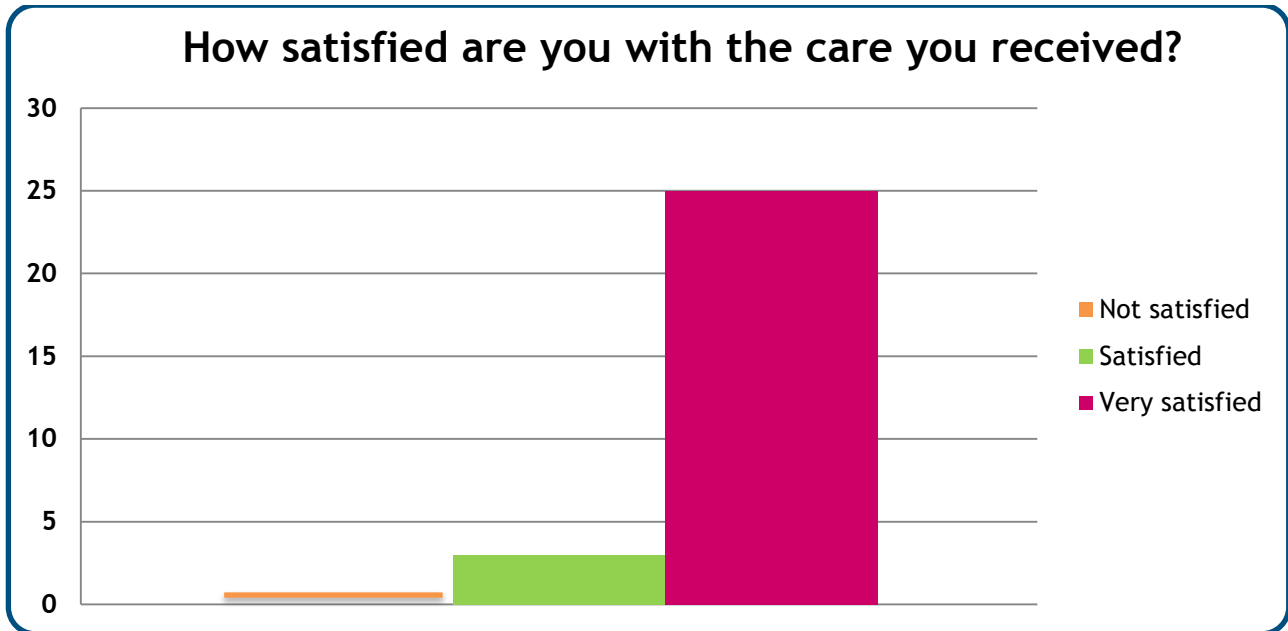
Consequently, our interviewees were not as representative as we would have hoped. All participants were over 70 years of age, except two aged between 60 and 70. Nineteen of the participants were female and ten were male. All participants, except one, were white British and the majority were what would usually be termed 'middle class' (over 80%). As a result, we cannot say that the survey data is a true reflection of the views of all people in receipt of intermediate care services in Newcastle. All we can say is that it represents the views of those 29 people who completed the survey.

In addition, the participants in three interviews were assisted by their family members to complete the survey, while spouses completed the survey for two participants because of their limited capacity. This again impacts on the validity of the results. The views of family members are very valid of course, but in this instance they were not the primary focus of our research.

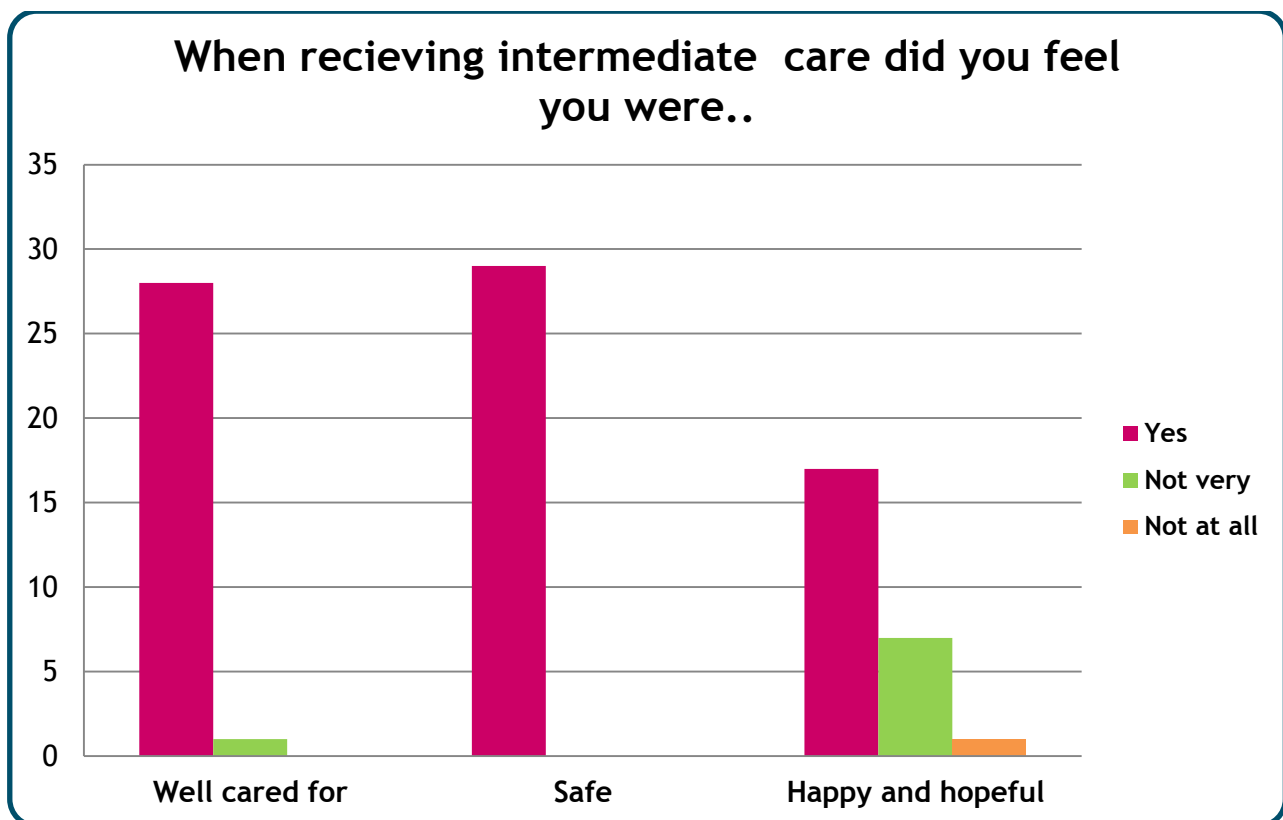
4. Findings

4.1 General satisfaction levels

Participants reported very positive experiences overall of both home based and residential care. When asked to rate their general satisfaction levels, over 80% stated they were very satisfied with the service they received.



We also asked people how well cared for, safe and happy about the future they felt when receiving their care. Again, the results were very positive:



We asked people to tell us about the care they received. People in residential care told us:

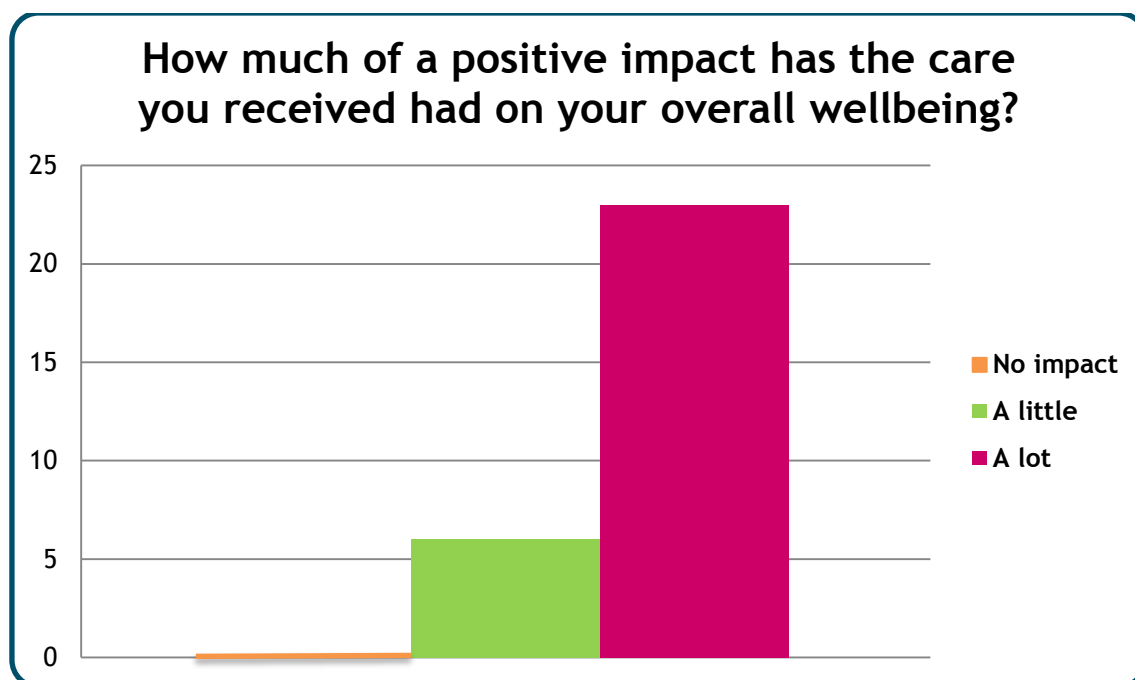
- Excellent, couldn't fault them, all so positive, nothing was too much trouble.
- I liked the rehab and physio that I've had. It's excellent.
- I would recommend it to anyone. I don't feel I've been rushed, it's in my time not theirs.
- Marvellous – couldn't fault it.
- The staff are excellent, they really care for you.
- So friendly and caring – nothing is a bother. Given me a lot of confidence.

People receiving care in their homes told us:

- They were so good I expected a chocolate on my pillow when I went to bed.
- They were excellent... they let me do things for myself but helped if I needed it.
- Better than when I've previously had help. Better co-ordinated. It's an excellent service.
- They were absolutely wonderful, knew what they were doing, respectful, delightful people.
- Very aware of privacy and dignity issues. Also organised support for me to go out – this helped build up my confidence.

4.2 Impact on wellbeing

We also wanted to find out whether participants felt that the care they received had a positive impact on their overall wellbeing. Most people (75%) stated that it had a significant impact, whilst the other 25% stated it had a more limited but still positive impact:



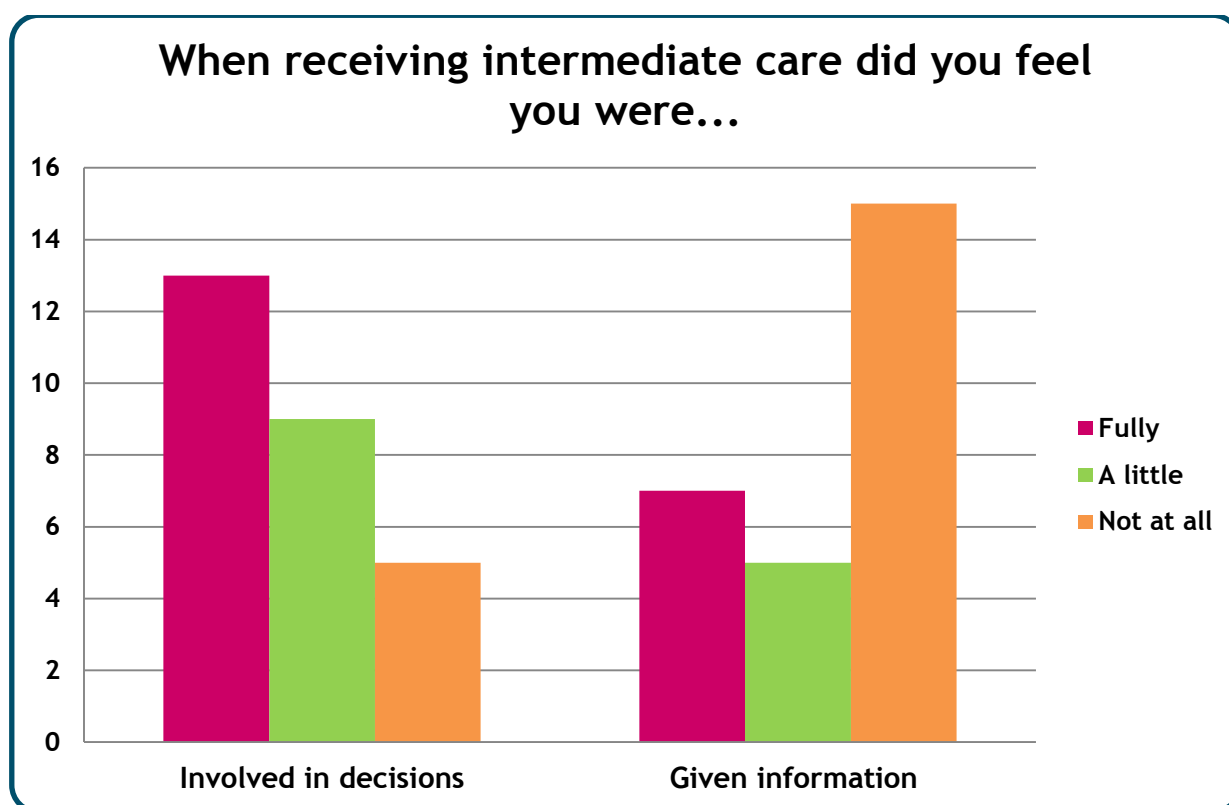
They told us:

- Really good for my morale to have the support and it helped enormously with my recovery
- They set me off in the right direction and I carried it on
- By the end I felt so much better
- Feeling more confident - the physio is really pleased with me
- They encouraged my husband to be independent. He is much brighter now and chats more.
- Friends say I look and sound so much better.

4.3 Involved and informed

We were interested to hear whether people felt that they or their families had been involved in the decision to refer them for intermediate care and whether they received any information about the service before they accessed it. Here the results were more mixed, with some people feeling very involved, others not so. However, a number acknowledged that they were too ill to be involved, and others stated that relatives took on that role for them. Similarly, some people said they had received useful prior information about the service, both written and verbal, but many stated that they received no information at all

However, people were very happy with the information they received from service providers once they accessed services. In particular, people stated how much they appreciated the visit by a manager from the re-ablement service at the start of their care programme, who explained what would be happening and dealt with any queries.



People gave quite mixed views about how involved they were in decisions about their care:

- Not really - they just said there was a place for me here and I came.
- The carers just appeared, I knew nothing about it, not involved at all.
- I had a full assessment whilst in hospital, they also came out and explained everything.
- At the time I wasn't very well so not able to be fully involved in the discussions.
- Social worker spoke to Mum and recommended it - we took their advice.

And we received similarly mixed responses to the question about information:

- The care worker organised it and explained it to me.
- I would have liked some written information as I didn't know what I was coming to.
- There was a proper care plan in place which I received a copy of.
- They didn't tell me anything other than I was coming in for a rest.
- The carer's manager came at the start and explained what they were doing but I got nothing beforehand.
- I would like to have been given some information, it was all very strange as I'd never been here before, I didn't know it existed.

4.4 Aspects of care identified as important to older people

We asked whether the care people received was delivered in a way that promoted aspects of care older which people in Newcastle had previously identified as being important to them.



Again, the results were very positive and where people were not able to respond positively it was usually acknowledged that this was because of the nature of their frailty.



4.5 Areas for improvement

Finally, we asked people if they could think of any ways in which services could be improved. Most people (22 out of 29) stated that the services were so good they couldn't think of any improvements. Comments included:

They couldn't have done any more.

I can't think of anything - they are doing what they do very well.

However, a small number of minor improvements were suggested:

Getting in (to the care home) could be made easier for family and friends. Also, there's no wi-fi - I would have liked to have been able to use my iPad

I would have liked the support every day (rather than every other day). As more people from my generation use the service more may expect daily bathing. Expectations change over time

My carers came very early in the morning and sometimes I wasn't ready to get up - it would be good if they could rotate visit times

I would like more salads so I could get more vitamins

I would have liked more re-ablement

Food - they do not always drain the water off the vegetables

4.6 Summary of key findings



Our research has shown us that overall the participants in our study were extremely happy with the intermediate care services they received. Nine out of ten recipients of home based services stated they were 'very satisfied' as did 16 out of 19 of those who received residential intermediate care.

Comments such as these were common:

 **Fantastic - I couldn't have wished for better care.** 

 **Absolutely excellent on both occasions - I couldn't have managed without it** 

Around 80% of participants stated that the care had a significant positive impact on their overall wellbeing. Most participants understood and appreciated the rehabilitative aims of intermediate care:

 **I really like that they let you know that you're here to get better and they encourage you to do things that you think you can no longer do.** 

 **I've done things I've never done before and I'm making quicker decisions – before I used to dither about things.** 

However, a couple of participants felt too much was expected of them too soon:

 **This time I felt the carers were expecting me to do things much too soon.** 

 **The first carer was very brusque and expected too much of me.** 

There were less positive responses related to the questions about how involved people were in the decision to refer for intermediate care services and how much information they received prior to accessing services. Fewer than half of participants felt fully involved in the decision-making process and only 50% stated they had received any prior information (either written or verbal) about intermediate care services. These issues have been addressed in our recommendations below.

5. Recommendations

We encourage service providers, and the Intermediate Care Steering Group, to consider this report and incorporate the recommendations into the current service review and any ongoing service developments:

1. Primary and secondary care services need to make sure that patients and/or their families are always involved in the decision to refer to intermediate care services.
2. Intermediate care services need to be more widely publicised. Several participants stated that they had no idea such services existed. Both their own and their family's anxiety would have decreased had they known about them.
3. Both verbal and written information should be available to patients and their families prior to them receiving the service.
4. When participants did identify issues they tended to occur at transition points. Service providers need to be mindful of this when supporting patients to access and move on from intermediate care services
5. Carers need to provide better information about follow on services and manage expectations about the home care service. In particular, four of the participants stated they felt that the follow-on care they received (home care) was markedly inferior to the intermediate care.

6. Acknowledgements

We would like to thank everyone who took part in our intermediate care survey. We would also like to thank the residents and staff of the care homes who hosted visits:

- The Eden Court wing of Wheatfield Court
- The Connie Lewcock Resource Centre

We also want to thank our Research Champions, who are all volunteers and accompanied Healthwatch Newcastle staff on the care home visits and assisted people to complete the survey:

- Cath Gerrard
- Judy Scott
- Linda Woodcock

Appendix

The survey

Section one: general information about your care

1. What type of intermediate care services have you received?
2. When your care was being organised were you or your family involved in the discussions?

Fully

A little

Not at all

Please explain how

3. Did anyone talk to you or give you written information explaining what intermediate care is?

Fully

A little

Not at all

Please explain how

4. When you were receiving intermediate care did you feel...

Well cared for?

Very

Not very

Not at all

Please explain how

Safe?

Very

Not very

Not at all

Please explain how

Happy and hopeful?

Very

Not very

Not at all

Please explain why

5. Overall, what do you think about the intermediate care you received?

6. How much of a positive impact has the intermediate care you received had on your overall well-being?

A lot

A little

No impact

Please give an example

7. Overall, how satisfied are you with the intermediate care you received?

Very satisfied

Satisfied

Neither satisfied
or dissatisfied

Dissatisfied

Very dissatisfied

8 Have you been referred for follow on services after your intermediate care ends?

Yes

No

Don't know

Section two: We would now like to ask you some questions about areas of care that have been identified as being important to older people in Newcastle

1. Do you think that the intermediate care you received helped you to maintain your independence, choice and control?

Yes

Somewhat

No

Please give an example

2. Were you treated with dignity and compassion by those who were providing your intermediate care?

Always

Sometimes

Never

Please give an example

3. Was the intermediate care you received delivered in a consistent and well-coordinated manner?

Always

Sometimes

Not involved

Please give an example

4. Was the intermediate care you received delivered in a way that left you feeling informed and safe?

Yes

Somewhat

No

Please give an example

5. Do you think that the intermediate care you received helped you to maintain your social relationships?

Yes

Somewhat

No

Please give an example

6. Finally, please tell us about any ways in which you think intermediate care services could be improved or add any further comments you would like to make.

Contact details



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