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# The ARC [Assessment & Rehabilitation Centre]

27<sup>th</sup> June 2016

Healthwatch Blackpool

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*Service User Voice - a Healthwatch Blackpool Review*

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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service Address	The ARC Clifton Avenue Blackpool FY4 4RF
Service Provider	Blackpool Council
Date and Time	27 <sup>th</sup> June 2016 at 11am
Healthwatch Representatives	Steven Garner, Kim Rushton, Steven Robinson
Contact details	hello@healthwatchblackpool.co.uk

## 1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service provider, service users, and staff for their contribution and for facilitating us to carry out our consultation.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.

The views expressed in this report are primarily from those who temporarily reside in the rehabilitation centre. It is acknowledged that some of the participants in our studies may suffer from conditions such as dementia or other memory impairments which do not enable them to give fully balanced and reflective views. However we feel that it is essential that every voice is heard and recognise our duty to all who receive care in Blackpool. In order to allow for this to happen we request feedback from the service for clarification of the issues that are raised.

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## 2 What is a Healthwatch Review?

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Healthwatch Blackpool is the independent consumer champion for health and social care. Its purpose is to listen to the experiences of service users, and feed this back to those who run the service to make positive change.

We carry out regular service reviews to discover how services are being run from the perspective of service users and make recommendations where there are areas for improvement.

The Health and Social Care Act (2012) grants local Healthwatch the ability to *Enter and View* premises to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Our visits can take place if people tell us there is a problem with a service but equally they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch reviews are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Blackpool's safeguarding policies and Blackpool Council's safeguarding procedures.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### 2.1 Purpose of Visit

To gather information about the experience of a short term stay in a rehabilitation centre in Blackpool directly from those who reside in them, including quality of life factors such as choice of activities, food, and whether they would recommend the service to others. Many of the visitors staying at the ARC are potentially coming from care homes or awaiting assessment to go to a care home therefore we felt it was prudent for Healthwatch Blackpool to seek the service user views of this service.

## 2.2 Why did we do this?

Healthwatch Blackpool undertook a review in December 2015 of a sample of care homes to trial a new person-centred reviewing system. The success of these reviews allowed us to roll this out for a larger scale project in 2016.

## 2.3 What were our aims?

Our aim was to allow the service users to have a voice and a say in the care that they were receiving. Were they comfortable, did they have privacy, did they receive wholesome cooked meals daily, was their housekeeping and laundry services met etc. To do this we needed the help and the cooperation of not only the service users, but also the provider, their staff and any family or carers who wished to speak to us. By collating this information we are able to evaluate the quality of care within services we visit.

## 2.4 Methodology

It was decided beforehand that we did not wish to perform an enforced *Enter and View* visit to The ARC in Blackpool. We felt that to be invited to attend would give us a more balanced view and encourage openness and co-operation. To do this we wrote to service, outlined our intentions and the purpose of the visit. We also provided a full colour poster confirming the date and time of our visit and its aims. We asked that the service placed the poster in a prominent position where staff, service users and their families/carers could see it.

On the day of the visit all Healthwatch representatives wore identification badges. Before speaking to any service users we explained fully who we were and the purpose of our visit. Those that were happy to speak to us were asked a series of open ended questions about what they liked most and what they felt could be improved. We explained our confidentiality policy and that they were free to end the conversation at any point. We also made informal observations throughout the visit and made notes of what we saw around the home.

## 2.5 Summary of provider

The ARC is a rehabilitation and assessment centre aimed at supporting older adults who would be better served outside hospital but need support that would be difficult to deliver at home. All of the service users require physiotherapy and this is delivered in-house by the staff team. The ARC also assess individuals who require transplants and helps support those in recovery. The ARC is operated by Blackpool council.

When we arrived at the ARC staff were unaware of our visit due to there being a new interim registered manager, Jan Moutrey. Despite this change, we were introduced and invited to come in and told we were welcome any time. Jan explained that the ARC was undergoing some changes and were actively seeking more staff and in particular an activities co-ordinator.

Our initial findings on entering the service were that there were no smells or unpleasant odours and staff knew the names of many service users and were conversing with them in a very positive and familiar manner. There was ample seating throughout. The interior appeared homely with furnishing that would meet the needs of the service users. There was however little information on the walls and a lack of visible activities beyond having a TV on and sitting down to chat.

The service users in the ARC typically stay around 6 weeks and the service has 33 beds. None of the rooms have en-suites but there are toilets and showers on the corridor. There are around 50-60 staff which covers nursing/therapy, rehab support occupational therapists and the management team.

We spoke to 15 individuals during our time there and observed a lunch time meal.

## 2.6 Results of visit

### General

The ARC was an overall pleasant environment, but was undergoing a transition with a new manager in post and were seeking more staff with several off work at the time. This had had an impact on the care received as many service users told us that they had not been having the physiotherapy they need. There was no information around the home indicating any changes and people did not feel informed of these staffing issues.

There was a mixed response from the people we spoke to during our visit. People were very positive about the food and felt that the staff were extremely supportive and kind but there were a few issues around activities and being involved in decisions in their care.

## Food and drink

Almost everyone told us the food was nice and well-cooked. We were told that if they saw something on the menu they did not like and told staff before 11am the chefs had time to prepare something else - although sometimes this would only be sandwiches. Food choice and quality was very important to the people in the ARC. Portion sizes were good, with just one person commenting that they felt there was too much food.

A few people told us they did not think there was much variety in the menu and they had been there for several weeks and knew what was going to be served despite not reading the menu. One person who suffered from poor eyesight and mobility issues felt she could not read the board on which the meals for the day were displayed. If the meals were displayed in the corridors, or around the centre it would have been easier for them. Others told us they had menus in their rooms but one person said they had never had one.

## Activities

We asked people what their usual day to day activities were. Many told us they have little choice or options other than sitting and chatting, watching TV or reading. Some people were happy with this saying that is what they do at home and one noted that staff had given her books and this was very important to her.

When we asked if people wanted other forms of entertainment they told us that there are no magazines or papers for them to read and keep up to date with current events. Several told us they felt bored and the only activity they do throughout the day is their physiotherapy which they look forward to. Many said they would like to do more and felt there should be more activities on offer, but were not sure what they would actually like to do.

## Staff & Safety

We were told that the ARC is very caring to the people under their care. People told us staff were friendly, could not be faulted and respect privacy and dignity at all times. Due to the range of staff required to facilitate a rehabilitation centre, we were keen to understand how the multidisciplinary staff support patients and work together. We also asked if all the staff were compassionate. One person told us "The OT [occupational therapist] team are very nice and take things at my pace".

A few people told us that they did not think staff understood their needs at times. Many of the service users have complex needs such as mobility and mental health issues and that they did not feel as supported as they would like to be. Three people told us that when they signal the support alarms in bathrooms or bedrooms sometimes there is no answer.

### Involvement in key decisions around their care

Due to the ARC being a rehabilitation centre many service users are assessed for transplant surgeries and discharge into the community. We felt it was important to ascertain how much involvement the patients have in their care and if support was offered to help individuals understand and be aware of their own choice.

The responses we heard were mixed. Some people told us they had received no support although a majority reported that they had been supported every step of the way. It was difficult to establish if this was an underlying issue or that some cases required more key decision meetings and joined-up health and social care working than others - although this should not impact on the care an individual should receive. One person we spoke to told us that they had requested an advocate on multiple occasions but did not receive one, meaning they felt unprepared for meeting involving their care. One person did tell us that the staff are very good at helping people with their choices, saying “[The staff] do it all and support me so I understand what I need to do.”

### Concerns & Complaints

Many people were not aware of how to complain, who the manager was and that they felt nothing would be done if they did choose to complain. One person told us “I have poor eyesight and I wouldn't know who to ask or even who the manager is”. Some patients did say that they felt comfortable voicing concerns with the staff if there was a problem, but there remained a lack of confidence that their concerns would be listened to and acted on.

## 2.7 Recommendations

This report highlights the practice that we observed and reflects the feelings that service users had about the care and support that they were receiving at the time of the visit. Although it was not our intention during this visit to make recommendations, it was our intention to talk to people and ask if there was anything that they felt would improve their quality of life within the centre. Service users felt that the following areas could be looked at for improvement:

### Activities

More activities need to be available, with a diverse range to suit the backgrounds, hobbies and preferences of service users.

Some people do look forward to the physiotherapy so potentially incorporating physiotherapy into social activities may help improve wellbeing.

### Care

Service users felt there should be checks throughout the day to ensure they are doing their physiotherapy. Some are told which exercises and stretches to do, but forget to do these through the day.

There was a known issue by the ARC of a lack of available physiotherapy staff, which impacted on the amount, flexibility and availability of care. We believe this was already being addressed, however we must note that the service users were noting the negative impact of this.

A check of all assistive technology would ensure that alarms and buzzers are functioning correctly. Responses and the length of time taken to respond should be monitored to ensure everyone is being seen in a timely manner when they require assistance.

### Complaints and concerns

Some information around how to raise an issue on notice boards or posters would help people feel more supported and encourage service user feedback.

### Involvement

Advocates should be offered to people who have been identified as needing extra support, and information on this support for individuals should be available. This would help people understand their choices and make decisions based on their interests.

## 2.8 Service Provider response

The service provider was given the opportunity to offer feedback however did not provide a response.