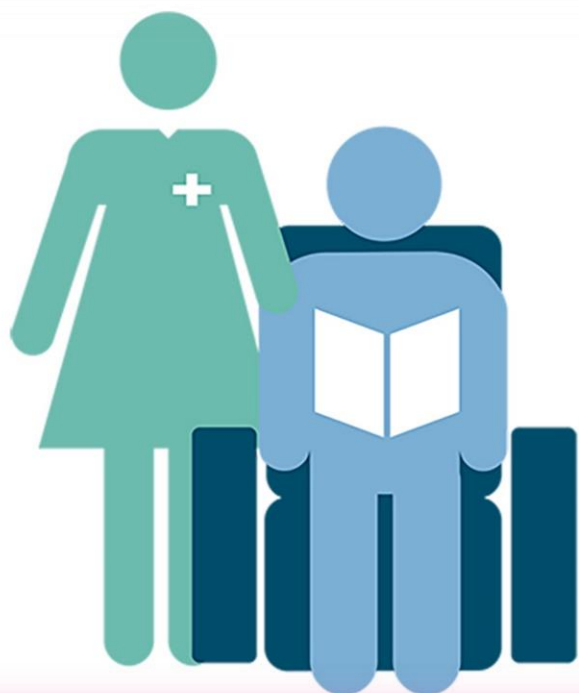


Ascot House

Patient and family experience report



2018 to 2019

Published June 2020*

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Introduction to Healthwatch Trafford

This report has been produced by Healthwatch Trafford. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services; whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Trafford. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Trafford people tell us.

We have produced several reports in the past covering many elements of health and social care in Trafford. These can be found on our website at

<https://healthwatchtrafford.co.uk/our-reports/> or by contacting us directly using the details on the back cover.



Background

Ascot House

Ascot House is a 45 bed therapy-led Intermediate Care Unit. Nine of the beds are classified as “D2A” (Discharge to Asses) beds, waiting for residential care or additional care and support packages at home. The unit provides care for people who are medically well enough to be discharged from hospital but need short-term therapy input and rehabilitation to allow them to return to their home address.

The unit provides a 24-hour intermediate care service for patients registered with a Trafford GP. The multi-disciplinary team provides physiotherapy, occupational therapy, and social work support as required. In addition, a designated GP practice and local community services such as nursing, podiatry, dietetics and speech and language therapy, will provide support at the unit when necessary.

Ascot House also helps to prevent avoidable hospital admissions by providing a step-up facility for individuals in the community who require frequent and intensive therapy to progress their mobility and functional status.

Healthwatch Trafford work on Ascot House

In 2017, Healthwatch Trafford produced a review of bed-based intermediate care in Trafford (<https://healthwatchtrafford.co.uk/wp-content/uploads/2015/03/HWT-Bed-Based-Intermediate-Care-report-with-appendix.pdf>).

This focussed on the provision of care at Ascot House, the only functioning intermediate care facility in the borough. Following this piece of work, we committed to monitoring the patient experience of Ascot House in 2018.

Our original report was based on surveys of professionals and relatives, at the time we were disappointed that we had only two responses from loved ones. This motivated us to take a different approach to surveying relatives and we, therefore, asked our Healthwatch volunteers to attend Ascot House to encourage their views and we had Healthwatch labelled boxes placed at the entrance so relatives could give responses anonymously.

There were two specific recommendations made in our original report and these same points were picked up by relatives in this follow-up report:

- That there should be efforts to encourage and enable people from ethnic minorities to use Ascot House.
- There should be organised activities for residents of Ascot House.

There was also concern after the original report that

- Ascot House should cater to a wide range of people, including those from all backgrounds.

We are of the view that neither of these recommendations have been addressed since our original report was published. In addition It was also notable that no responses from our report came from North Trafford residents, which is known as an area of higher deprivation than other areas of Trafford.

The aim for this second part of the project was to look at how those people that used the facility felt about the way it delivered its services and how it met their needs. We wanted to find out what was working well, as well as where things could be improved.

The report is for the commissioners and service providers, as well as anyone that wishes to find out about the experiences of those that used the facility.

The Care Quality Commission inspected Ascot House on the 7th January 2019. In its report, published on the 31st January 2019, it found the facility was overall rated Good, as it was in all categories. You can find the report on the CQC website at <https://www.cqc.org.uk/location/1-216385979?referrer=widget3>.

Executive summary

Ascot House is Trafford's bed based intermediate care facility which is sited in Sale West.

Over the past 3 years, we have conducted a project on Ascot House looking at different aspects of the service. Our initial report can be found on our website at

<https://healthwatchtrafford.co.uk/our-reports/>.

This report focusses on patient, carer and family perceptions of the care and support received at Ascot House. Overall, we found the feedback is positive but there are one or two areas which would benefit from improvement.

These views are based on feedback expressed by 68 people which were recorded between September 2017 and March 2019.

Key findings

- Most people were very happy with the quality of staffing, with the attitudes of staff in particular praised.
- The availability and variety of nutritious food was popular with the patients.
- Issues with communicating intentions with relatives was the biggest negative.
- For some it is important to have choice over the gender of care staff when they are conducting personal care.

Recommendations

1. More regular and comprehensive communication of changes and plans to patient's family, so they can be kept up-to-date and enable them to make their own arrangements.
2. Provide more varied entertainment materials for patients such as games, magazines and books.
3. Provide more social engagement opportunities for patients and do more to encourage them to join in.
4. Offer patients their preference of gender of care worker wherever possible.



Methodology

Data collection

Trained Healthwatch Trafford Champion volunteers visited Ascot house to speak to people at visiting times. They asked visiting family, friends/carers to fill out the questionnaire (see [appendix 1](#)) assisting them where appropriate. They also left questionnaires for people to fill out at a later time if they wished.

There were 10 visits to Ascot house in total, taking place between September 2017 and March 2019.

Analysis of data

All responses were entered into SurveyMonkey for processing and analysis.

Further analysis was done using Microsoft Excel, with coding of freetext responses done manually.



Results

Please note, demographics results can be found [in appendix 1](#).

Qualitative analysis

Summary and analysis of qualitative data from Ascot House surveys.

- People were asked a general question about what was working for them whilst at Ascot House and what could be improved.

General comments

In general people were happy with all aspects of care and treatment at Ascot House. In particular some commented on the necessity of such intermediate care centres and their important role.

“Excellent care and services all round.
Carers, food, laundry, everything is very efficient.
Wonderful staff.”

“...has given her the confidence to do things she wouldn't have had the opportunity to do in hospital which I think is essential for Mum's recovery.”

“General - Firstly the experience and outcomes from Ascot House have in the main been extremely positive. These intermediate care centres are invaluable and Mum wouldn't be where she is now in her recovery if she hadn't had this opportunity, so a huge Thank You for this.”

“This is an excellent facility and much needed for interim care to enable my relative to get their strength back to enable them to return home in due course.”

Staff related

In general comments about staff and the treatment at Ascot House were positive. People said staff were friendly and delivered good care.

Whilst there was a comment about the progress of their relative related to physiotherapy, the majority of respondents were pleased with the treatment.

There were notable issues for a few people, these centred around receiving enough attention.

In two instances the issue of gender and care staff was highlighted, it would be worth noting the significance this holds for some patients.

Positive experiences

"My Mum always comments that she is very well looked after and the staff are very nice. The staff are a credit to Ascot House, compassionate, friendly and approachable."

"My husband is entirely happy with the care and attention provided by all the staff at Ascot House, as am I. Wonderful service administered by wonderful staff."

Notable issues

"...due to the constant rotation of staff, no-one noticed Mum's health issues and I have felt very responsible for raising things after the GP's visit. I don't find the office staff very helpful."

"Careworker sometimes takes control of TV and puts on channel they want to watch."

"Mum reports staff do not sit and talk to them. They sit at the table and put us in front of TV. Staff generally pleasant."

"Staff do not sit and talk to you outside of

Physio and progress

"The staff provided excellent care, the physios and occupational therapist have increased my mobility and increased my confidence and hopefully it will increase my mobility on home and keep me safe."

"Physio is good."

"Physio was the main area of concern and that doesn't appear to have improved. It was our understanding that he would receive intensive physio and this does not happen."

"Therapy staff have been great and listen to my concerns and thoughts."

"Happy that he gets more regular physio than at hospital."

Gender and choice

"He is happy with his treatment by staff. He would prefer male carers to deliver personal care - my relative is male."

"My mother required personal washing and care after a bout of sickness. The nurse who attended her was male. I do not think that my mother was offered a choice of male or female to attend to her needs and as a result, she felt embarrassed to be cleaned intimately by a man. It clearly upset her and she continued to tell me about it on my nightly visit. I do not think it is appropriate for a younger male carer to be attending a 90 year old woman."

Food

Food is an important aspect for patients, particularly during long stays. As the quantitative data will later show, many respondents were in Ascot House for over a week.

Positive comments related to food were often mixed in with generally favourable views on the stay at Ascot House.

While there were few negative comments on the food, two stood out as related to dietary need. It may be worth checking with patients if they have needs and that these have been recorded effectively.

Positive experiences

“Happy about the food and the room.”

“Meals are excellent.”

“The food has enabled me to regain my appetite.”

“Structured mealtimes

Critical comments

“He has lost weight as the food is totally inappropriate for him. He was on a soft diet in hospital but now the food is not suitable for his needs.”

“I do not feel that the staff are particularly well read up on the dietary needs of their patients, as sometimes inappropriate food is offered on occasions.”

“Is not very impressed with the meals. As visitors are not allowed to be there at meal times I am not in a position to agree or disagree.”

“...Portion sizes too big.”

Communication

There were several comments related to a lack of communication about people's forward plan and day-to-day decisions on their care. As the quantitative data will later show perhaps this could be addressed through greater awareness and involvement in care plans.

Clarity

"...they explain what is happening and where he is up to, plus it's on the board."

Lack of clarity

"They could be more pro-active in telling you what is happening and what is planned.
You have to ask to find out what is going on."

"...it takes a long time for decisions to be communicated."

"...I have had to instigate phone calls and conversations and to bring staff's attention to
request a visit from GP."

"...I feel someone should have mentioned this to me rather than Mum telling me part of the
info when I saw her."

"Regular meeting with the management and social workers would be helpful to understand
what is wrong with my mother and what future plans we need to make."

Environment

People had a variety of comments about the environment, which might include the room, facilities, entertainment. There were some singular comments related to these areas.

In addition there was an issue in two comments related to the difficulty for older visitors to reach Ascot House when they do not drive.

Facility needs

“Only broadband and access and how to log in and stay logged in is difficult.”

“Rooms could do with “brightening up” e.g. colour of bedding is very drab. Could be more stimulating.”

“Mum has enjoyed her baths but the bathroom closest to her room has been out of service throughout her stay. However her stay has been a very pleasant experience for her.”

“Only TV. No other activity to stimulate the mind.”

“Bed not comfortable. Mum had grazed leg on the bed.”

Location of site

“Location - Mum was very low in mood after her illness. Visits from her friends have been invaluable, but it is difficult for 70+ year olds to get buses/walk to Ascot House. When they arrived, they stated that they felt unwelcome (their words).”

“It has been difficult for her elderly friends who don't drive to visit the venue. That said, the staff often pop into her room to check she is OK.”

“Parking is difficult.”

Quantitative analysis

Summary and analysis of quantitative data from Ascot House surveys.

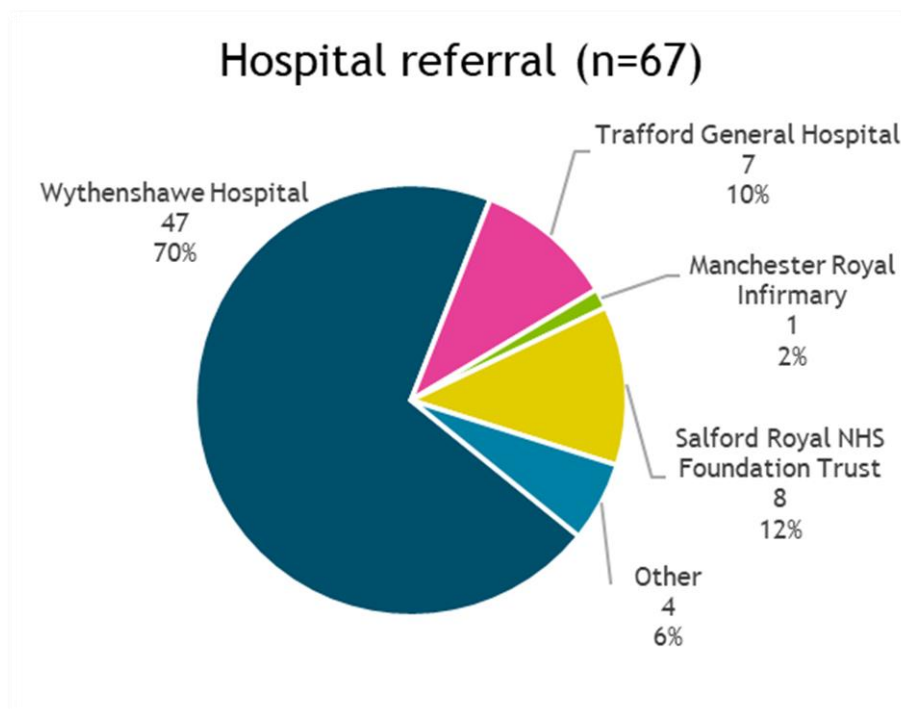
Transfer and arrival

Being informed about a relative's need for transference to Ascot House for rehabilitation

- The majority had been informed of this, 65 (95%). Only a small number not knowing prior, 3 (5%). Out of 68 responses.

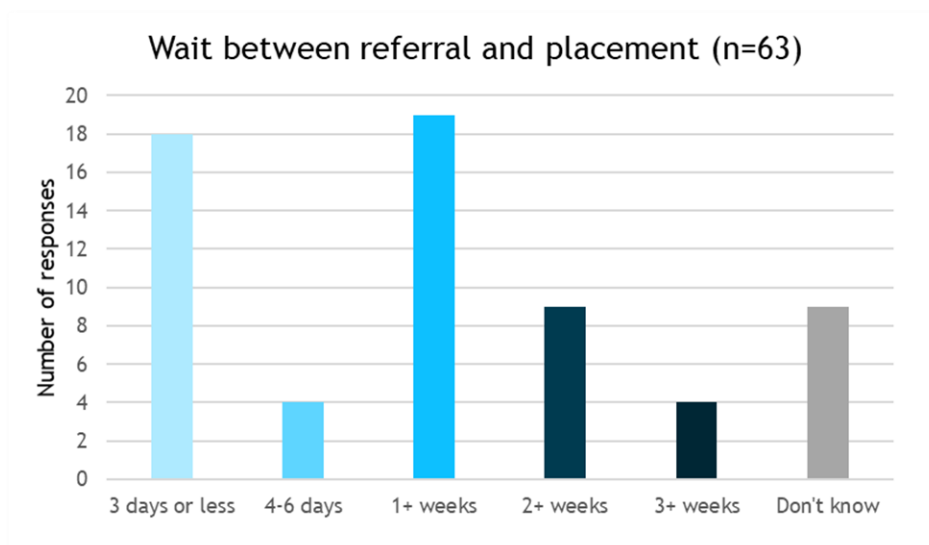
Whether the relative had been referred from hospital, and which one

- Most had been referred from hospital, 63 (94%). Just 4 of the respondents said other (6%). Out of 67 responses. A breakdown of the referring hospitals can be seen below:



How long did your relative wait from agreement to referral, to getting a place?

- The time frame from agreement to be transferred and being placed varied but tended to be within three days or around one week. Out of 63 responses. The chart below illustrates the variations:



How easy is it for you to access Ascot House?

- The majority of respondents felt it was 'easy' to access Ascot House, 43 (64%). A number also indicated it was 'OK' access wise, 19 (28%). Taken together this means 73% of respondents were largely happy with the access. A smaller number did say it was 'difficult' to access Ascot House, 5 (7%). Out of 67 responses.

How easy is it for you to get to Ascot House?

- Most respondents found it either 'easy' or 'OK' to get to Ascot House, 62 (43+19, 93%). A small number did say it was 'difficult', 5 (7%). Out of 67 responses.

Care plan

Are you aware that a Care Plan exists for your relative?

- Roughly two thirds of respondents were aware that a care plan had been made for their relative, 42 (62%). It may be worth further investigation that about a third did not know a care plan had been created, 26 (38%). Out of 68 responses.

Have you been involved with the care plan for your relative? - for those that answered yes to previous question. [Q edited] note some answered despite not selecting yes

- Two thirds of respondents said they had not been involved with the creation of a care plan for their relative, 36 (63%). One third said they had been involved, 21 (37%). Out of 57 responses.
- It is not standard practice that relatives would be involved in the creation of a care plan.

Do staff talk to you regularly about your relative's progress with their care plan?

- For this question responses were almost evenly split. Slightly more respondents said no 35, (53%) compared to those that said yes, 31 (46%). Out of 66 responses.

Care and support

Do you feel that your relative is receiving appropriate care?

- A high proportion of responses said yes to this question, 63 (95%). Only a small number of people said no, 3 (5%). Out of 66 responses.

Do you feel that you are listened to and any concern addressed?

- Most said yes to this question, 58 (92%). Some did say no but the number was low, 5 (8%). Out of 63 responses.

Are you fully aware of the support your relative is receiving?

- Overall the majority of respondents said they were aware, 49 (75%). A proportion said they were not, 16 (25%). Out of 65 responses.

Do you think your relative has plenty to occupy them whilst at Ascot House? If not, what could be improved?

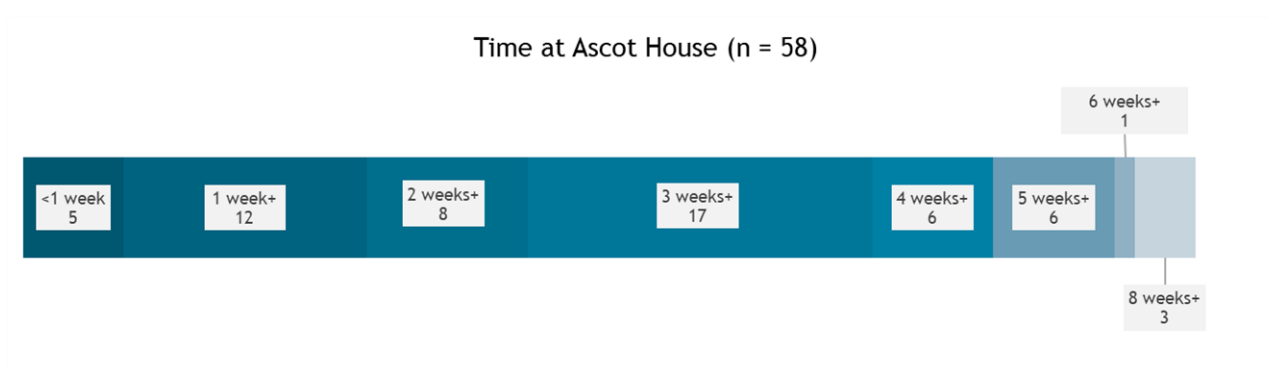
- About two thirds of people thought their relative had enough to occupy themselves, 43 (66%). A third said they did not, 22 (34%). Out of 65 responses.

Do you think your relative is lonely in Ascot House?

- Most of the respondents said no to this question, 53 (80%). About a fifth said yes they were lonely 13, (20%). Out of 66 responses.

How long has your relative been in Ascot House? Is this within the expected time or longer? If longer, what are the reasons for this?

- Summary of time spent so far as below. Out of 58 responses.



- In the additional comments for this question 16 people thought the time had been 'within the expected time', and 5 thought it was 'longer'. There were 12 comments here that suggested timeframes were unclear or otherwise not yet known.
- Expected time was more difficult to assess than length of stay, as there was not always a straight answer. Some people had only just entered Ascot House, for others the time was not yet determined, or subject to change. See examples below.

Examples where too early to tell yet for discharge:

"I do not have a discharge date"

"We were unsure how long it would take. We have not got to the stage about being involved with discharge at the moment"

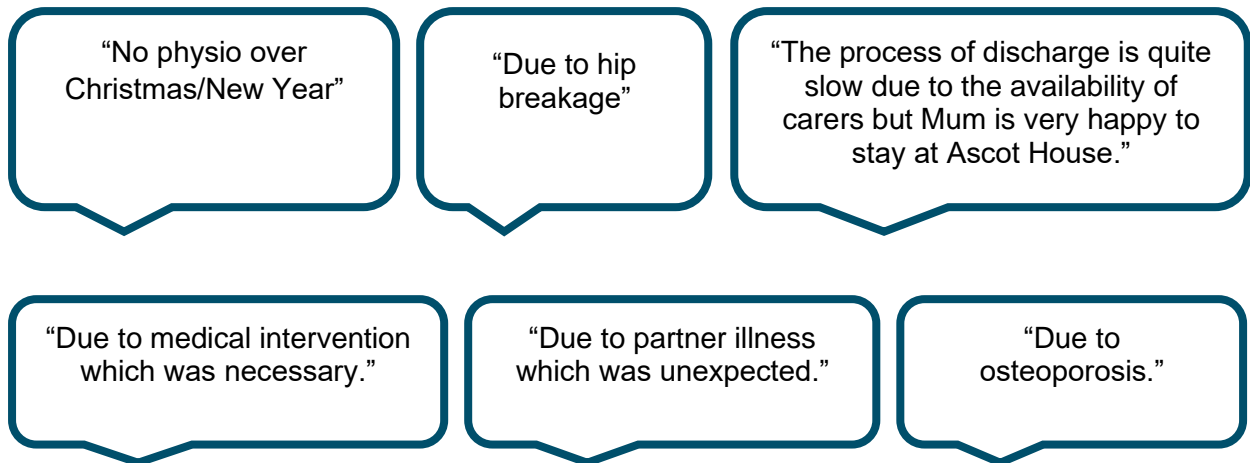
"There is no target"

Examples where nature of condition means more time needed (open ended):

"Not given time frame but understand reasons why i.e. nature of injury and care needs"

"Needs longer as it is Mum's best interests injury and care needs"

Examples of reasons given for stay:



Is your relative treated with kindness and compassion?

- All of those responding to this question felt their relative had been treated with kindness and compassion, 66 (100%). Out of 66 responses.

Do you feel the treatment/care provided to your relative in Ascot House has been of benefit to them?

- Most of the responses suggest people felt the time at Ascot House had been beneficial. Those saying 'yes', 62 (95%). Those saying 'no', 3 (5%). Out of 65 responses.

Discharge

Have you been involved in the discharge plan for your relative?

- A slight majority had not been involved in their relative's discharge plan. Respondents that said 'yes' they had been involved, 26 (40%). Those that said 'no' they had not been involved, 39 (60%). Out of 65 responses.

Appendix 1 - Demographics

Demographics of respondents

A total of 68 people were spoken to for this research. Respondents did not always answer every question, therefore the 'n' or total respondents varies.

Gender

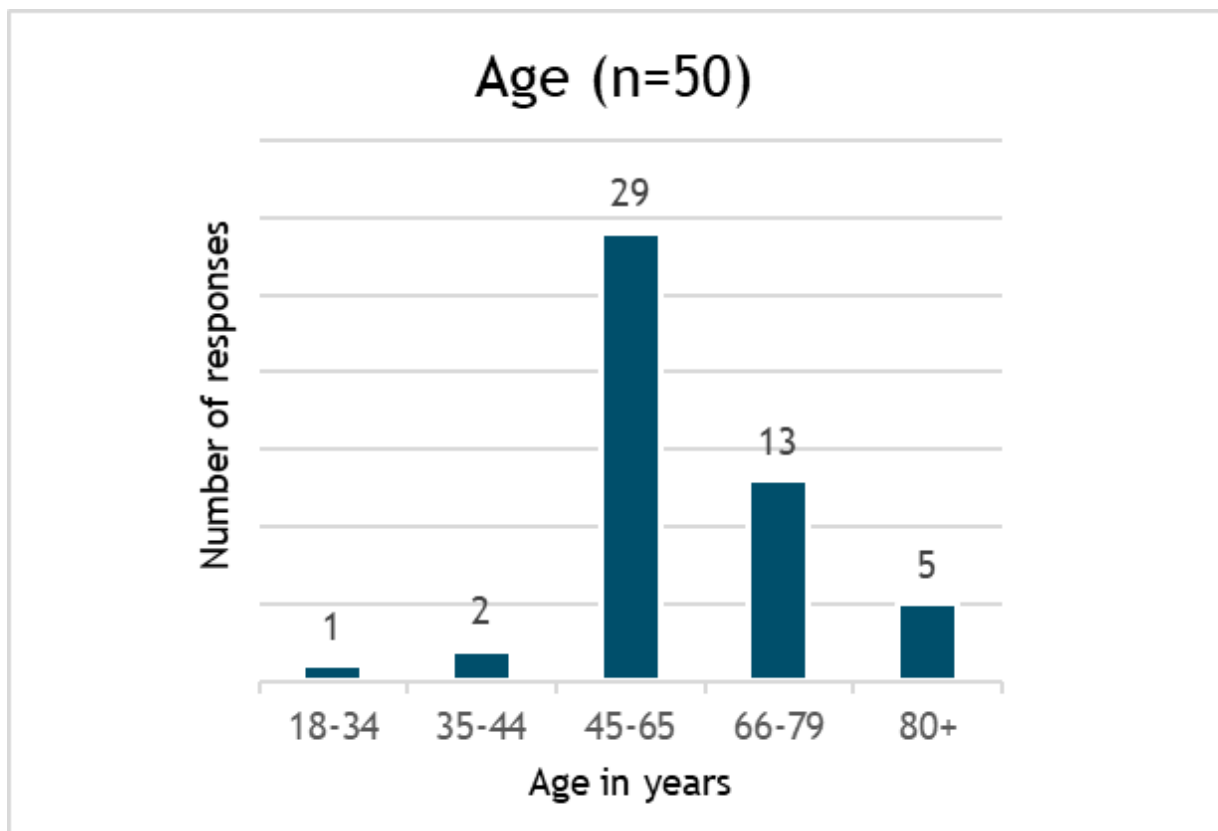
- There were 16 males (32%) and 34 females (68%). Out of a total 50 responses.

Ethnicity

- The majority of respondents selected White British, 49 (98%). One person selected White Irish (2%). Out of a total 50 responses.

Age

- The age profile can be seen in the chart below. The majority of respondents were over 45 years old, most of these were in the 45-65 age category (29).



Sexuality

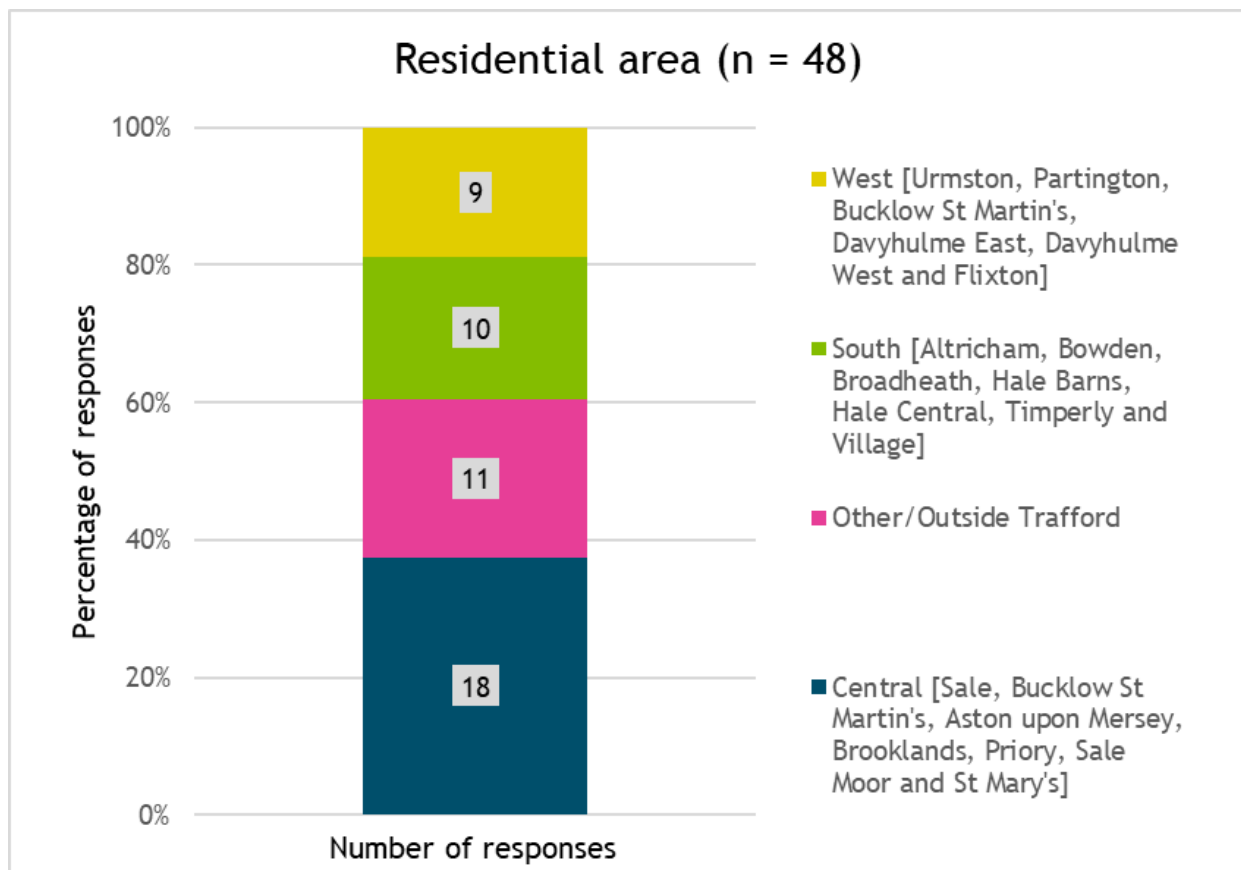
- All of those that responded selected heterosexual/straight. Out of 48 responses.

Disability

- The majority indicated they were not disabled, 44 (90%). There were 5 people that said they had a disability (10%). Out of 49 responses.

Residential area

- Residential area can be seen in the chart below. Notably there were no respondents from the North Trafford area. In addition it should be noted an error in the questionnaire meant Bucklow-St-Martins featured as a descriptor in two areas, when it should only be one.



Other Demographics

Employment

- The majority of respondents were employed, 23 (48%). However, this is almost matched by those retired, 22 (46%). A smaller number were unemployed, 3 (6%). Out of 48 responses.

Carers

- Most respondents did not indicate they were carers, 24 (59%). Though a significant number did, 17 (41%). Out of 41 responses.

Children/family

- Of the respondents most had children, 38 (76%). Within this group 5 (10%) were children under 16 years and 33 (66%) were young adults/adults over 16 years of age. A smaller group had no children, 12 (24%). Out of 50 responses.

Marital status

- Most of those responding were married/civil partnership, 38 (78%). There were also a smaller number of other options chosen; single, 6 (12%), divorced, 4 (8%), other 1 (2%). Out of 49 responses.

Acknowledgements

We would like to thank everybody that responded to our questionnaires and spoke to our volunteers while at Ascot House. Without their feedback this report would not be possible.

We would like to thank our volunteers for their support in this project:

- our Champions who gave up their time to visit Ascot House on multiple occasions to engage with patients and relatives - Pete Johnson, Georgina Jameson and Sarah Harris;
- our Business Support volunteer Pete Longmire, for capturing the data from the surveys; and
- our Research volunteers Katie Robertson and Steve O'Connor for helping us to analyse the results.

We would also like to thank the manager Sue Burrell and staff at Ascot House for allowing us to attend and assisting us in distributing our surveys.

If you require this report in an alternative format, please contact us with your requirements.



0300 999 0303



07480 615 478



info@healthwatchtrafford.co.uk



@healthwatchtraf



Healthwatchtrafford.co.uk

h althwatch
Trafford



**First floor mezzanine
Upper unit 65 & 66
Stretford Mall
Stretford
M32 9DB**