



Healthwatch Southwark

Step-down scheme at Lime Tree House: the patients' perspective

February 2017

Background



What is Healthwatch?

Healthwatch is an independent health and social care champion for local people. This means we represent your views to ensure services are shaped around your experiences and designed around your needs.

We are a ‘critical friend’ to people that provide, fund and monitor care and part of a wider network of local Healthwatch bodies across the country, as well as a national body, Healthwatch England.



The step-down scheme

The step-down scheme in Southwark is a pilot providing accommodation in two step-down flats for up to six weeks for people leaving hospital. It is intended for patients who may need a further short period of intensive support or assessment before they can go back home or to an alternative setting, e.g. nursing home, extra-care facility, but who do not need to be in hospital.

The step-down flats are at Lime Tree House Extra Care Sheltered Unit in Nunhead.



Who can be referred to the step-down scheme?

The criteria for eligibility are:

- ✓ People who are medically stable and who are unlikely to benefit from further time in hospital, but not yet able to return home.
- ✓ People who live in Southwark and are over 55.

- ✓ People who have the capacity to consent to being referred to a step-down flat.
- ✓ People who have a clear ‘move on’ plan that will demonstrate firm arrangements within six weeks (e.g. adaptations to the home, carer support arranged)
- ✓ People with their own home, a secured tenancy in the community, or clear housing eligibility
- ✓ People with no significant underlying mental health or substance misuse issues



How does it work?

Patients are identified in hospital, depending on the criteria above. A discussion takes place in a multidisciplinary team at the hospital to decide if the step-down scheme is suitable and if there is availability at Lime Tree House. The team that looks at the referrals may include hospital nurses and doctors, social workers, physiotherapists, occupational therapists and Lime Tree House staff as well as the patient and their carer and/or family. When a patient is put forward for step-down, a social worker is allocated to progress the referral.

Healthwatch Southwark wanted to find out about patients’ experience of the step-down pilot and whether it was working well for them as an alternative to being kept in hospital because they were not yet able to return home. Together with Healthwatch Lambeth, we have piloted an engagement methodology we call ‘Going Home.’

What we did

Between March and October 2016, we followed the journeys of four individuals who had consented to work with Healthwatch and share their experience.

We saw them every week for twelve weeks from the time when they were about to leave hospital. We visited them once a week for an hour, initially on the hospital ward, through their stay at Lime Tree, then to their next residence or place of care if this was within the twelve-week period. We conducted the interviews in pairs and we spoke to family members if they were available to talk with us.

Healthwatch Lambeth have been collecting patient stories for a similar scheme in Lambeth. Collectively we have nine Going Home stories.

Meet Jim

Jim is an 83-year-old Scot. He lives with his ex-partner in Southwark. She has children from a previous relationship whom he calls his own.

He likes to talk to people and dislikes being alone. He enjoys listening to music and reading, but at hospital he found it difficult to concentrate.

Jim had been unsteady on his feet and had a fall, which left him on his kitchen floor for hours. He was taken to King's College Hospital where he was supported to toilet and wash in bed whilst his legs strengthened. He had sores on his feet and couldn't stand. Jim had been in good health most of his life so hospital was new for him.

Jim was offered a step-down flat at Lime Tree because he was well enough to leave hospital but his home was not properly suited to his needs.

Meet Jennifer

Jennifer is 70 years old and has lived in Southwark since 1962. Her close family live just outside of London. She is very active, drives a car and visits friends and family. She enjoys her independence.

Jennifer had a 'check-up' at King's College Hospital after a bad fall, which took her by surprise. She was sent home but she knew something was not right so she went back and they found she had a broken femur. She did not expect it would take her so long to recover. Before this she had been in good health, apart from her arthritis, so this was all quite new to her.

Jennifer was not able to go home as she could not bear her own weight and move around independently; she needed to build strength in her legs before that could happen. She was therefore offered a step-down flat.

Meet Joy

Joy is 80 years old and lives alone in Southwark. She has two nieces who help her from time to time but they do not live locally. She does not speak to the rest of her family.

Joy has been a vegetarian for 60 years and likes to try different food. Keeping healthy is important to her. She used to have friends from around the world and

What we did

speaks some Spanish. In recent years, she has learnt to use a computer and the internet which has opened a new world to her.

Joy is independent and likes to do her own thing. She describes herself as a quiet person who likes to stay at home and potter about.

Joy had a stroke and was recovering in a Stroke Unit at King's Hospital. Her flat was quite cluttered and Southwark Council planned to clean, repair and refurbish it so that it was safe for her to move back in. Joy was offered a step-down flat at Lime Tree as she was well enough to go home but could not do so until the work in her home was completed.

Meet Larry

Larry is 83 years old and lives alone in Bermondsey. He has lived in his flat for 35 years.

Larry is quite independent - he enjoys going to the pub a few times a week, goes shopping and cooks regularly. He also spends a lot of time reading.

Larry felt unwell one day and called for an ambulance. He had an aortic aneurysm and stayed at King's Hospital for three weeks.

Larry was already well known to his GP and went there regularly to collect his warfarin prescription. He also used to visit clinics for his heart condition.

Whilst Larry was in hospital a social worker visited his home and found it to

be in disrepair, uninhabitable and unsafe. Larry was offered a step-down flat at Lime Tree for a six-week rehabilitation programme. The social worker suggested in an assessment report that he could be rehoused rather than return home.

We would like to thank these people for agreeing to take part in this project and for sharing their experiences with us. Please note, the names of these people have been changed to protect their anonymity.

This report details the experiences of four patients that were selected for the step-down scheme at Lime Tree. We do not claim that this report fully represents the views and experiences of all people selected for this scheme. However, we have spent time with these four patients and have heard their experiences in-depth and over a long period of time.

Every voice counts and even if only a minority of people, or a particular group of people, report a problem in the health and social care system, this should be addressed wherever possible. Recommendations have been written throughout this report to ensure that we are supporting services and commissioners to address the issues we heard about from these four patients. Similarly, where experiences were good, we have highlighted this to encourage continuation of this good practice.

Peoples' experiences of the step-down scheme



Information given to patients at hospital

We first met the patients when they were in hospital, after they had been chosen for the step-down scheme at Lime Tree. We talked about the discussions that had taken place about Lime Tree and what this would mean for them.

All four patients told us they did not fully understand what the step-down scheme at Lime Tree was, and had received very little information about what sort of facility they would be going to. They did not have a sense of what they should bring with them, what was available to them at Lime Tree and what furniture they would be given in their flat. One patient told us that someone came to talk to them about the scheme but they were not sure who that person was or what service they worked for.

Three of the patients were not given information about when they would be moving to Lime Tree - one was told it would be 'soon'. It was therefore difficult to plan or to know what would happen next. The other was told by a social worker that they would be moving to Lime Tree on a specific date, but that day came and went and a new date was then arranged. For all four patients, conversations were taking place with them about leaving hospital, but it took time for things to progress. One patient described the wait to leave hospital as *"frustratingly long"*.

All the patients were grateful for being offered a step-down flat so that they could leave hospital, but they felt they needed to be better prepared. One

patient told us - *"I originally thought it was for a couple of days. 6 weeks is another matter. Instead of two moves I would have preferred to stay in hospital...presumably I will go back to my own flat but what the arrangements are I have no idea. I'm in the dark."*

One patient told us they did not like hearing people around them making plans and not involving them - it made them feel *"helpless."*

HWS recommends that:

- ✓ All patients and carers/family are supported to make an informed choice about accepting a step-down flat. Written information about the step-down scheme should be given so that patients and carers/family can understand what is being offered, e.g. the Welcome Pack produced by HWS (see appendix 1).
- ✓ Southwark Council should consider a care navigator scheme to support patients through step-down. This should include a named person who will visit the patient in hospital to ensure that accurate and useful information is given so that they understand each stage of the process. Patients should be able to contact this person easily to ask any questions and give their views.
- ✓ An estimated window (e.g. 5 days) for the transfer of care from hospital should be clearly communicated to the patient and

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carer/family. If there is a delay in the transfer of care from hospital, the patient and carer/family should be notified and an explanation and new estimated window given.

- ✓ Once the arrangements for transfer of care are confirmed, the patient and carer/family should be given at least 24 hours' notice.

Leaving hospital and arriving at Lime Tree

One patient told us that their family visited Lime Tree before they left hospital and shared photos of the facilities with them via an application on their smartphone called WhatsApp. This helped prepare the patient for their stay and they understood what was being offered to them.

Two of the patients had help moving to Lime Tree from family - when they arrived they had food in the kitchen and had some personal belongings with them. Both patients said that this helped them adjust to the move and made them more comfortable about being at Lime Tree.

One patient, who did not have support from family, had nothing when they arrived. They were not able to move independently, but were not shown around the flat and were left sitting in an armchair alone, unable to explore the new surroundings and process where they were.

HWS recommends that:

- ✓ Each patient, and their carers/family, be given the Welcome Pack, as this contains photos and information about the facility to help them know what to expect.
- ✓ Carers/family should be offered a visit to Lime Tree before the patient leaves hospital - this will allow them to tell the patient what it is like and bring anything they think they will need on or before the day of transfer of care.
- ✓ Each patient should have a one-page profile created in partnership with them (perhaps with the help of the care navigator). This should outline:
 - who they are
 - what is important to them (e.g. faith, routines)
 - what is important for their health/rehabilitation (e.g. medication, exercise, special diet)
 - how best to support them (e.g. 'I want to get better at using my walking frame - support me to do this by encouraging me and giving me time to walk distances which are increased each time').

The one-page profile is a 'live' document that is a part of the person's care plan, can be updated, and is easily accessible to family/carers, visiting care staff and other professionals to

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support the smooth transfer of care.

- ✓ Patients without carers/family should be identified in hospital and offered additional support during the transfer of care. This could include the arranging of food vouchers and clothing before leaving hospital to allow Lime Tree staff an opportunity to make preparations for their arrival.
- ✓ Transfer of care should take place between 11am and 5pm and no later, to ensure that there is adequate time in the day for Lime Tree staff to ensure new patients have everything they need in their flat. e.g. food, a tour of the facilities.
- ✓ A named member of Lime Tree staff should be assigned responsibility to greet the patient upon arrival at the facility and to show them around the building (including the communal areas) and get them comfortable in their flat.



Settling in at Lime Tree

During our visits in the first week at Lime Tree, we wanted to find out how patients were settling in.

Two patients seemed happy to leave hospital - *“I am enjoying the environment in Lime Tree and it is a good transition place”, “I’d like to go home but whilst they sort that out I am happy to be here.”* One person, who initially told us they thought they would

be at Lime Tree for only a few days, told us on their second week - *“[I would] probably be better off in hospital with permanent supervision than here where you only have people popping in”* - and on their third week - *“I would not volunteer to be here.”* Another patient, who had felt ready to leave hospital, had arrived at Lime Tree but wished they were back in hospital *“[there are] always people to chat to [in hospital]. Here I am lonely, I have to always push my button to get help.”* This patient had been given little information about the facility, and told us that Lime Tree was not what they had expected and that they felt anxious being there.

Two patients had visits from their Occupational Therapists. Conversations took place about getting them equipment (e.g. walking frames) so they would be able to move around more independently. One patient told us that their mobility was limited and they would have liked to speak to someone about how they could get more support - *“but I don’t know what the prospects are. I should like someone to consult with about the process.”*

This patient was given a Zimmer frame by a British Red Cross volunteer, but they told us they were worried about using it in case they had another fall. This patient was keen to meet other residents and socialise but only felt able to do this if they had a wheelchair. They told us, after a few days at Lime Tree - *“I have just been in my room since I came.”*

On their first week at Lime Tree one patient told us that they needed a lamp because they had to keep getting out of bed to turn their light off. On their

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second week, this was still an issue for them as they woke up around ten times to use the bathroom. They had been told by a staff member to call a carer using their call button. In the fifth week, this patient eventually got a table lamp for their room.

HWS recommends that:

- ✓ Occupational Therapists should have conversations with patients while they are in hospital along with hospital staff about the mobility equipment and or support they may need at Lime Tree so as to allow time for these to be arranged.
- ✓ Necessary equipment (not limited to obvious medical support such as walking frames and hire of wheelchairs, but also including things like lamps) should be provided as quickly as possible to enable people to adapt to their new surroundings, live more independently, and become ready to return home.
- ✓ Regular meetings should take place between Lime Tree management and the patient to see how they are settling in to the facility on the first full day, then a week and a fortnight later.



Socialising with other residents/opportunities at Lime Tree

Patients told us about a local school choir visiting, musical activities, bingo

and socialising in the communal areas of the facility. However, one patient told us that the activities on offer were not always appropriate: *“Offering activities is all good and well, but ones like art school are difficult for me due to my arthritis and I don’t just want to sit and watch.”*

Patients had a choice in how often they wanted to interact with other residents. Some were eager and were pleased that Lime Tree has communal areas and that they were given mobility equipment which allowed them to be more independent. Others did not want to socialise - two told us this was because they were used to living alone and did not want to talk to strangers - *“I really miss my own environment. At Lime Tree, I don’t feel that I fit in here, I don’t want to go out in the day room or mingle with the residents here. Really wish that I could go back to my flat.”*

One person told us they did not have access to a computer or any reading material, which they found very frustrating. We explained to them that books were available at Lime Tree, but they told us they did not feel able to get to communal areas independently. Another patient told us on their first week at Lime Tree that they would like a newspaper delivered and some books. A member of staff told them about the home library service and added their name to the list. However, nothing had happened after eight weeks.

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HWS recommends that:

- ✓ Lime Tree should place a notice board in each step-down flat with information about what classes, activities and events are taking place and when, and what facilities (e.g. books, computer) are available in the communal areas.
- ✓ Lime Tree should display leaflets from external organisations that can visit or offer services to patients at Lime Tree (e.g. volunteer befriending).
- ✓ Lime Tree should explore further opportunities for voluntary sector organisations to support patients in socialising or taking part in activities (e.g. using the library, choosing books, taking part in an art class).

Speaking to family and friends

Three patients had family or friends visit and some stayed overnight at Lime Tree as they lived far from Southwark. This was important to people, particularly at times when they felt lonely or isolated - *“I don't want to force them [family] but I get lonely.”*

Patients told us about the different ways they had seen/spoken to friends and family, which included being taken out to lunch, receiving phone calls at their flat, or having a relative stay overnight at Lime Tree.

One patient told us they had an issue with their mobile phone and couldn't use it, which meant they felt extremely isolated from the outside world. By Week 5 at Lime Tree this patient was still having issues - *“I really would like to have access to the telephone, my mobile is not working”*. The patient told us their experience of Lime Tree would have been much improved if they had been able to call family and friends.

HWS recommends that:

- ✓ Lime Tree should continue to encourage family and friends to visit and take patients out of the facility, when appropriate.
- ✓ Lime Tree should continue to offer overnight facilities for carers/ family that wish to stay to support their relative. Lime Tree should promote this facility to new step-down patients and their family.
- ✓ The scheme should explore how to offer step-down patients a landline phone/mobile phone in their flat to reduce isolation and maintain contact with family and friends that may not be local to the facility.

Care provided by Lime Tree

Patients had mixed opinions about the care at Lime Tree but they all told us that the staff were rushed off their feet. One patient told us that when they called the button for assistance, it sometimes took a long time for someone to check on them - *“I say I want to go*

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to the toilet and then just have to sit and wait. It can be up to half an hour before someone turns up."

One patient told us that since coming to Lime Tree their daily routine had been disrupted (e.g. time getting out of bed and getting into bed, eating dinner) - *"Two of them [carers] came in at 9pm and turned my TV off and said I had to go to bed - I didn't want to sleep but they said they had to put me into bed...[Meals on wheels] came at 2pm yesterday, I normally have my lunch at 12pm and I wasn't sure if they would come. I was too upset to eat."*

The next week when we visited this patient, we found they had agreed a new routine with Lime Tree staff around their sleep times, which was working much better for them.

One patient consistently praised the care staff at Lime Tree and told us they empathised with them having to care for all the residents at the facility - *"The carers are very helpful and supportive and help me with the daily chores and always have something to say. I can generally ask them for anything."*

One patient told us one week that a carer had missed their morning visit on the weekend. They made their own breakfast but they were concerned about missing their medication. They told us that since leaving hospital they were quite confused about what medication they were taking and felt reliant on carers - *"I would prefer to do it myself. I would like to know there is something I could control."* This patient told a member of staff the next day about the missed visit, but were told that it had been recorded which was confusing. The patient told us they did

not have a copy of their care plan whilst they were staying at Lime Tree.

HWS recommends:

- ✓ Lime Tree should ensure that all care staff have access to each patients' one-page profile in the patient's flat. This will support the patient and carers to work together on how best to support them during their short-term stay, including maintaining routines and activities in preparation for going home.
- ✓ Lime Tree staff should be mindful that step-down patients could be more vulnerable and that their emotional wellbeing should be considered as well as their physical wellbeing.
- ✓ All patients should be supported to self-manage their care and treatment, if they are able and willing e.g. patients should be encouraged to know and understand their medication.
- ✓ Staffing levels at the facility should be regularly reviewed, bearing in mind the additional level of need of step-down patients as well as the usual residents at the facility.



Care provided by external agencies

We wanted to find out what care and support was provided to step-down patients in Lime Tree from external agencies or providers. In order for

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people to be able to return home, they need to have their health and social care needs regularly assessed and reviewed whilst at the facility.

One of the patients we spoke to had difficulty with district nursing - by Week 2 at Lime Tree they still hadn't received a visit which meant their dressing hadn't been changed in days. We heard this was being followed up by both Lime Tree staff and a family member. It was only in Week 4 at Lime Tree that the patient had their dressings changed by a district nurse - the first time since hospital.

The same patient also had difficulty contacting their social worker. On Week 5 a family member told us they couldn't get through to the social worker and weren't sure what services were supporting the patient. They therefore felt - *“detached from it all.”* On Week 7 when they were preparing for the patient to leave Lime Tree, a family member told us - *“We want [name] back with us. We are a close family and we will make this work but we are not given the information or the support to make it happen... Communication between services is poor; we've not been kept up to speed.”* When we spoke to the patient after they had left Lime Tree, and were living with their family, they told us they had still not heard from the social worker since leaving hospital.

Another patient also had difficulty getting in touch with their social worker whilst at Lime Tree as they did not have their contact details - they told us they needed money but were not sure what to do.

Another patient expressed concern that their medication was taking a long time to sort out because three doctors were involved in reviewing it - the GP, a doctor from the hospital, and another they couldn't recall. The patient told us that professionals weren't communicating with each other, and they were not able to make sense of the discussions taking place. The patient told us they needed to be assertive and ask questions - *“they are the professionals; they need to tell me what I should be taking.”* There was also a delay in the carers getting a blister pack to administer medication to this person which caused them to feel concerned. The patient told us this was unsettling for them as prior to their hospital admission they could manage their own medication, but now they had to trust others to administer it.

One patient was having regular physiotherapy whilst at Lime Tree, but on their seventh week this came to an end because they could climb four flights of stairs. However, the patient told us they walked only with difficulty to the cash machine, which made them anxious about what it would be like when they eventually went home - *“I was really exhausted. I had to sit on someone's wall for five minutes or so. I couldn't go any further.”* When this patient returned home after ten weeks at Lime Tree, they had more physiotherapy sessions booked but said, *“I feel I have gone backwards since the last lot finished.”*

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HWS recommends that:

- ✓ Visiting services should compile notes and communication with patients in a single folder which is kept in their flat. Communication should be verbal and supported by something in writing for the patient to refer back to. This should be in accessible text (Ariel, font size 14+, black).
- ✓ Southwark Council should support Lime Tree, district nursing and social workers to establish an agreement which outlines how they will support patients at this facility, including procedures for escalating cases where patients' care needs to be expedited in order to ensure their timely return home.
- ✓ Communication policies should be established by the different teams that work with patients. This should outline how patients can contact each service and when they can expect to hear from that service.
- ✓ There should be continuity of interventions such as physiotherapy between a patient's stay in Lime Tree and their return home, to ensure recovery is maintained.

When we spoke to patients from Week 3 onwards, three were not sure what would happen after their planned six week stay.

For one patient, conversations were taking place as early as Week 3 about a permanent flat at Lime Tree. They told us that it was becoming clearer to them that returning home was unlikely to be an option. In Week 6 this patient signed a contract for a permanent flat, and in Week 7 they told us the move was supposed to be happening but there was a lot of confusion about exactly when. A caretaker was finding them odd bits of furniture around Lime Tree to use in the new flat, for which they were grateful. Although the patient felt fortunate to be offered the flat, they were not happy about the move - *“Show me the door, I want to go home and be with my family.”*

One patient told us in Week 5 that they were anxious as their stay at Lime Tree should be coming to an end, but they were not sure if the professionals would let them go home because they had not recovered as much as they had hoped. This patient did, however, feel happy that they were able to leave Lime Tree to visit family - *“I am feeling so much better within myself - I spent the weekend with my family who had a family function. It was a great way of assessing whether or not I can cope when I leave here.”*

For another person, it was becoming apparent in Week 6 that they would not be returning home as their mobility was not improving. The patient told us that a social worker and the reablement team had been in contact to discuss options. The patient went with a relative to view

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a room at a permanent flat at a sheltered housing facility and they both thought it was nice and could meet their needs. The care team at Lime Tree arranged for this patient to receive some counselling support to talk about the changes happening in their life. They told us - *"I just want to go home - I am just focusing on going home - I can't think of anything else"*. When we visited a week later, it had been confirmed that the patient would not be able to go back to their flat - they told us, *"I have been upset all week"*. In week 8 the patient told us they had no news about whether they were moving from Lime Tree or staying on - *"I am still here after 8 weeks and I don't know what is going on...this is a very stunted and stilted way of living"*. By Week 9 the patient was still not able to speak to someone from social services regarding their accommodation. In Week 10 the patient told us that they did not want to move to the sheltered housing facility they had viewed a few weeks previously, saying, - *"I want more of a say in what happens and I would like to know if there are other options"*.

Another patient was told in Week 7 that the progress of work at their home was slow. The social worker told them that their Lime Tree flat might be needed by another patient, which made them anxious as they did not want to move again before going home. In Week 10, this patient was then given a few days' notice that they were going home, despite the work there being incomplete. They told us - *"I'm going home. I'm glad it's finally resolved but I'm apprehensive...it's obvious life won't be the same...I've got a general feeling of being out of control. I'm told I can't go home and then all of a*

sudden, you're going home. I wish it would have been handled better than this."

HWS recommends:

- ✓ The multi-disciplinary teams should on a regular fixed basis (e.g. week 2 and week 4) meet with the patient and discuss progress, options and next steps (for after their six weeks at Lime Tree).

Moving on from Lime Tree

One patient's family 'took the situation into their own hands' in Week 7 by moving them out of the facility to be cared for by the family. When we spoke to this patient after they left the facility, they told us - *"It was the right thing to do, I wasn't meant to be there [Lime Tree]. Now I am here, I am spending time with the family, everyone wants to help me."*

The person who returned to their home at short notice in Week 11 found that they had no heating, hot water or working shower. They told us, *"I've been given a date for the work but why couldn't it have been done whilst I was at Lime Tree?"* Southwark Council had also done a clear-out of this patient's property but some of their personal belongings had been thrown away. On reflection of the stay at Lime Tree the patient told us - *"The care was good and it was very comfortable. But I was there so long I was almost*

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institutionalised. I felt I had to be winkled out."

The patient who was told they could not return home and shown around the sheltered housing facility felt that they had not been given many options - *"I have not been given a choice - only one option of a move to a nursing home nearby. I don't want to move there"*. In Week 11 they were unclear about their situation and had not been able to get hold of the social worker.

One patient did leave Lime Tree in Week 6 and was able to return home despite having initially worried that they would not be well enough. In their first week home they told us - *"I feel fine, not too bad"*. They found their TV and phone were not working and needed help to fix these. A few weeks into being at home, this patient was receiving support from an occupational therapist, carers, physiotherapists and district nurses. They complimented the support they were receiving from all the different agencies, particularly the occupational therapist who on the first day back at home had visited to make sure the patient felt able to move around. The patient did tell us though that this support does tend to *"pop up, I am not sure always when they are going to come in."* By Week 12, this person's mobility had significantly improved and they told us - *"I am fine. I have had good follow-up care and have been very lucky. I definitely needed a step down support and the use of the wheelchair was really helpful. I am stronger and hope to do more walking to improve my mobility."*

HWS recommends:

- ✓ People are supported to consider the different options that are available to them so that they feel able to make a choice of when and where they move on.
- ✓ People are supported to maintain independence throughout the process of step-down to ensure they are prepared for independent living if going home.
- ✓ People's home environments should receive a basic check before they return home, to ensure that facilities such as hot water, heating, washing and cooking facilities are all working. The capacity of the Lime Tree facility should not be prioritised above a person's right to have such basic facilities available.
- ✓ Individuals should be phoned by their social worker a few hours after returning home to ensure they have settled in and check for any problems.
- ✓ Visiting services should inform patients clearly that they will be visiting them, and when.

Healthwatch Southwark's reflections

Some of the people we followed spoke highly of the Lime Tree staff, were glad of the opportunity to use the facility, and appreciated the chance to socialise with other residents.

However, of the four patients we followed, only one returned home within six weeks of arrival at Lime Tree. One returned to their flat only in Week 11 before it was fully habitable for them (despite it being the flat rather than their medical condition which had triggered their stay at Lime Tree). Two more were not rehabilitated sufficiently to live independently again, it took some time for onward plans to be put in place, and at Week 6 they were still unclear about their living arrangements post step-down.

A fifth patient whom we started to visit in hospital and then at Lime Tree was clearly not suitable for step-down. Their care and support needs were very complex, they had limited capacity to understand where they were and limited ability to consent to go to Lime Tree. They were eventually returned to hospital as Lime Tree was not equipped to support such a complex case.

The referral process

The purpose of the step-down service must be clear to patients, and there must be clear expectations about how long a person will stay at Lime Tree and why. They need to be told whether they are fully expected to return home, are likely to move on into a different facility, or are likely to need further assessment. This should again be clarified if a person's stay lasts longer than the expected six weeks at Lime Tree.

Referrals should be made to services in the patient's best interest with the least amount of disruption. It is important that the criteria for patients being offered step-down are used appropriately and are regularly reviewed.

The patient must have the capacity to consent to the offer and understand the implications of agreeing to leave hospital, as well as feel able to decline the offer of a step-down flat.

Rehabilitation at Lime Tree

There are also questions around why patients who were initially thought to be suitable for rehabilitation and eventual return to their homes proved unable to do so. It is clear that there were delays to various services which may cumulatively have limited people's independence and recovery.

In some cases, people were not supported to take control over their own health and wellbeing and at least one person felt they were becoming 'institutionalised'.

It should also be recognised that feeling out of control, isolated and unhappy in their environment can undermine patients' psychological wellbeing and thus their recovery. The recommendations in this report are intended to encourage services to work together to ensure that this does not happen.

Leaving Lime Tree

Every effort should be made to offer each person options around where they can live if going home is no longer an option for them.

Healthwatch Southwark's reflections

Discussion should allow them to fully explore the pros and cons of each option so that people feel they have a choice.

During the transition of care, particular attention should be given to ensuring the patient is able and equipped to live independently again. This should start at Lime Tree and be seen through with the professionals who will continue to visit when they have left Lime Tree.



Final thoughts

We recognise that step-down is a valuable pilot scheme to offer eligible patients an alternative to staying in hospital until they can return home or move to a new permanent facility. It has potential both to ease pressures on acute care services and to provide more appropriate, rehabilitative support to patients.

The pilot has identified some issues within the step-down process which we feel need serious attention before the scheme is expanded. Some of these are already being discussed and solutions considered within professionals' regular multi-disciplinary team meetings. Healthwatch have attended these meetings during our time working on this project.

In addition to these professional multi-disciplinary team meetings, there must be a sustainable means of gathering and reflecting on the patient experience to support the development and improvement of the step-down model in Southwark.

Response from Southwark CCG and Southwark Council

Response sent by Richard Outram - Service Manager, Southwark Adult Social Care, Southwark Council.

I am writing to you on behalf of Southwark Local Authority and CCG (Clinical Commissioning Group) in response to the draft report on the step-down scheme at Lime Tree House. The project group would like to thank Healthwatch Southwark for their support during this pilot, and the valuable learning they have provided through people's stories. We would also like to thank Allied Health Care, as the provider, for entering into this project in a spirit of co-operation.

The Lime Tree Step Down pilot came into being via funding from winter resilience money provided by central government via Southwark CCG. Southwark Adult Social Care Commissioning worked up a proposal and arranged the necessary service level agreements.

The Hospital Discharge Teams, Reablement Team, and OT Team, agreed to work together to set up, and provide support to develop the scheme. It is worth noting that, that it is widely recognised that once a person is medically fit, hospital is not the best place for people to be. Adult Social Care staff gave their time to this as they were committed to piloting a scheme that would give people a good opportunity to ultimately return home, and reducing the need for people to transfer directly from hospital to residential care.

Healthwatch Lambeth and Southwark created a tool to document the experience of leaving hospital.

The questions explored how informed the person was of the D2A process, what they thought of the care they received during each stage, what their expectations were and how supported they felt during the process. The Healthwatch review identified where a number of issues could have been handled better e.g.

- In hospital - more information about what step-down is and what to expect to find at Lime Tree House, help with navigating the process.*
- At Lime Tree - information on what to expect and how things work, support on how to navigate the transfer of care, having a calendar to note who is visiting and when.*
- Equipment (not limited to obvious medical support e.g. wheelchair, walking frames but also items such as lamps) should be provided as quickly as possible to enable people to adapt to their new surroundings, live more independently and become ready to return home.*

HWS recommends that Lime Tree House should continue to:

- Encourage family and friends to visit and take people out*
- Offer overnight facilities for carers/family that wish to stay to support their relative*
- Should explore how to offer step-down patients a landline phone/mobile phone in their flat to reduce isolation and maintain contact with family and friends*
- The multi-disciplinary teams should on a regular fixed basis e.g. week2 and week 4 meet with their patient*

Response from Southwark CCG and Southwark Council

- *and discuss progress, options and next steps.*
- *Going Home - having someone to talk through the options of going home, being supported and information on what needs to be arranged to go home safely.*

Many of the recommendations for improvements in the report have already been actioned. For example, the Welcome pack is widely used, and managers in the Hospital teams have worked with the wards to ensure better communication, especially around medication.

As a group we will work through remaining recommendations and implement what we can. Many recommendations are around communication, and social isolation.

Southwark Social Care and CCG are in discussions. As part of this work is under way to draw up a proposal to extend the scheme, with dedicated staff in place to work with people whilst living at Lime Tree House; this should enable better communication and co-ordination.

Welcome Pack



Step down flats at Lime Tree House



Appendix 1: Welcome pack: Step-down beds at Lime Tree House

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What are step down flats?

A Step down flat is a temporary flat for people who are well enough to leave hospital but not able to go home yet.

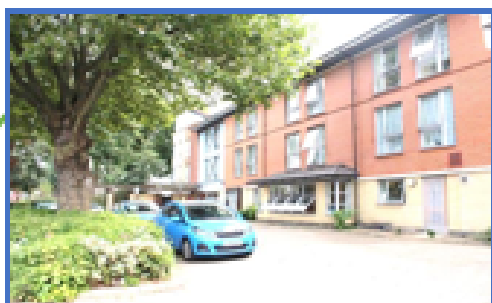
This is a short stay accommodation, normally up to 6 weeks.

There are many reasons why someone might not be able to go home straight away from hospital, such as:

- Needing a staggered return home after a long stay in hospital
- Needing more care and/or support after a stay in hospital
- Needing new equipment or adaptations in their home for them to remain independent
- Needing help with arranging their home before they go back
- Someone who has a carer that is away at the moment
- Someone who has problems with their accommodation



What is Lime Tree House?



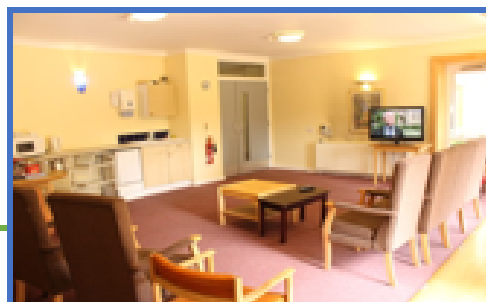
Lime Tree House is a sheltered housing scheme managed for people over the age of 65. To live in this house, assessments need to be made.

In your case, you were assessed in hospital and you have been offered one of the temporary step down flats at Lime Tree House while you get better.

Care is provided in the house by Allied Healthcare.

Here is some information about the house and staffing:

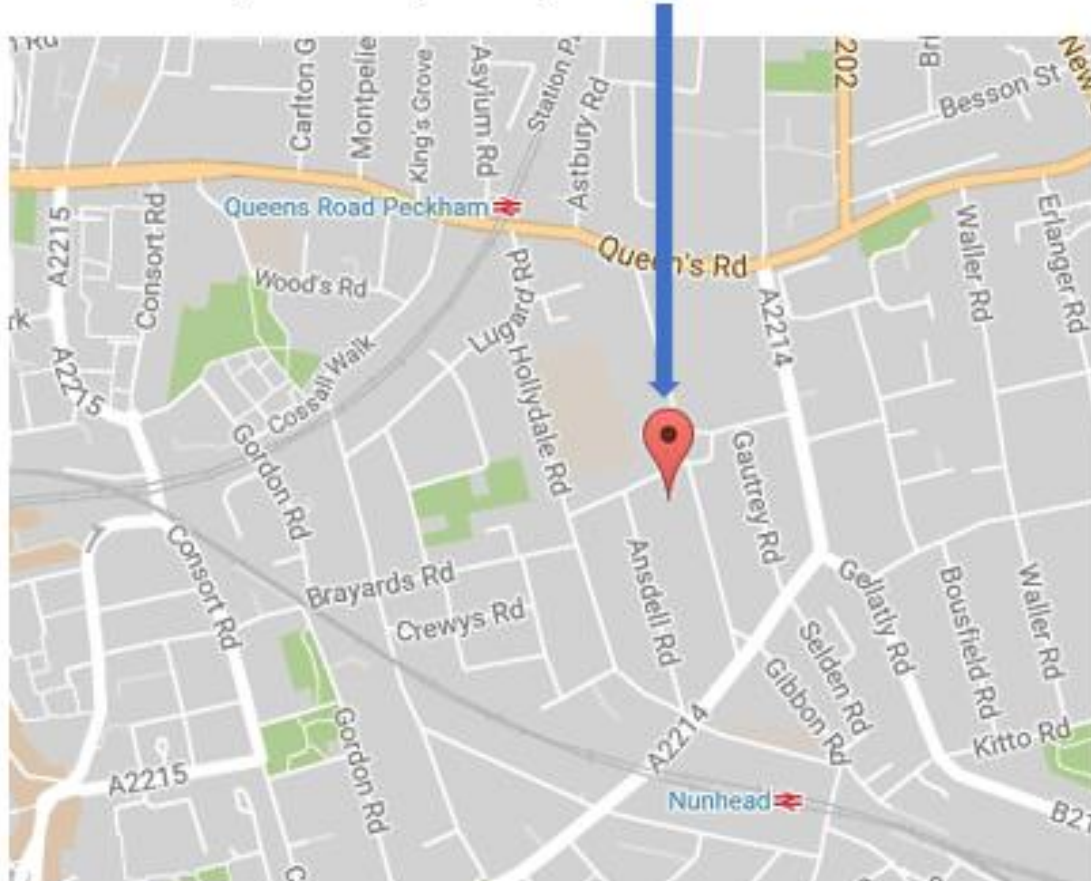
- There are 54 independent flats, 2 of the flats are temporary step down flats.
- There are staff 24 hours a day / 7 days a week
- There is a lounge, a communal dining room, laundry, guest facilities for family to stay over, a lift, a large garden, conservatory, hairdressing salon and a small library!
- It is wheelchair accessible.
- There are two private meeting rooms.
- There are two lifts.
- There are weekly social activities, please see the time table on page 8.



Appendix 1: Welcome pack: Step-down beds at Lime Tree House

Where is Lime Tree House?

Lime Tree House, 2 Dundas Rd, London, SE15 2DL



What's nearby?

The nearest bus stop is for the 78 bus which is a 5 minute walk away. The nearest train station is Queen's Road Peckham which is a 10 minute walk away. Local shops are a 10 minute walk away and the nearest post office is a 20 minute walk away opposite Peckham bus garage. There is also a Doctor's surgery an 18 minute walk away.

Appendix 1: Welcome pack: Step-down beds at Lime Tree House

What to expect at Lime Tree

You will have your own bedroom which will have a:

- Bed
- Chair
- Commode (if you need one)

You will have your own washroom facilities which will have a:

- Shower
- Toilet
- Sink
- Handrails

There is a living room which has an:

- Armchair
- TV
- Table
- Chair

There is a kitchen which has a:

- Cooker with oven
- Fridge freezer
- Microwave
- Kettle
- Cupboards
- Sink
- Some cutlery and crockery



Appendix 1: Welcome pack: Step-down beds at Lime Tree House

Are there any activities?

Lime Tree House is a busy place with people visiting all the time. There are regular activities that take place as well as one off events, some you will need to pay for and others are free - you do not have to take part in them but they are available for you if you want to. Below is a table that shows the things that happen on a weekly basis.

| Day | Morning | Afternoon | Evening |
|-----------|--|--|---------|
| Monday | | Afternoon Tea | |
| Tuesday | Knitting Group Singing Group | Big Bingo! Afternoon Tea | |
| Wednesday | Art Class Food shopping Housekeeping | Afternoon Tea | |
| Thursday | | Silver Trees Group | |
| Friday | Keep Fit | Fish & Chips Lunch Club Afternoon Tea | |
| Saturday | | Afternoon Tea | |
| Sunday | | Afternoon Tea | |

Can people visit me?

Family, friends and carers are able to visit you at Lime Tree House, there are no visiting times. They will need to sign in and sign out when they leave.

At times you might have a visitor who lives far away, Lime Tree House is able to offer them a room to stay for one or two nights while they visits you. You just need to talk with the staff to book this in.

If you don't have a mobile phone, you can ask family to call Lime Tree House to talk with you or to take a message for you.

Appendix 1: Welcome pack: Step-down beds at Lime Tree House

Who is there to help me?

Lime Tree House has staff 24 hours a day, 7 days a week. It is not a nursing home, but there are carers that support the people that live there.

If you need support, the Carers can help you with:

- Getting up in the mornings and transferring you if you need help
- Helping you to take your medication
- Have a shower, grooming and getting dressed
- Heat up food and supporting to eat
- Supporting you to take part in Lime Tree House activities
- Talking to health services with you (but they cannot go to any appointments with you)
- Do laundry, housekeeping and food shopping for you
- Support you to join activities in the house

They have a blue uniform and if you are in your flat alone, you can contact them using the red button which is on a pendent you will get when you arrive. There are 3 managers, an administrator and a Service Delivery Manager, Neil.



Madzudzo



Neil



Naz

Appendix 1: Welcome pack: Step-down beds at Lime Tree House

Useful contacts

| | |
|--|---|
| <p>My District Nurse is:</p> <p>.....</p> <p>Tel:</p> <p>.....</p> | <p>My named Social Worker is:</p> <p>.....</p> <p>Tel:</p> <p>.....</p> |
| <p>Occupational Therapy Address: Southwark Council, 132 Queens Road, SE15 2HP Tel: 020 7525 3843</p> | <p>Nunhead GP Surgery Address: 58 Nunhead Grove SE15 3LY Tel: 020 7639 2715</p> |
| <p>Healthwatch Southwark Address: 1 Addington Square, Camberwell, SE5 0HF Tel: 020 73587005 Email: info@healthwatchsouthwark.co.uk</p> | <p>Lime Tree House Address: 2 Dundas Road, London, SE15 2DL Tel: 020 7358 9977 Email: Neil.Whiteham@alliedhealthcare.com</p> |

