

Discharge into Care

Experiences of discharge into care
during COVID-19

November 2021

Contents

Executive Summary.....	1
Recommendations	2
1. Introduction	3
2. Background & Rationale	3
3. Methodology.....	3
4. Results	4
5. Key Findings	9

Executive Summary

1. Healthwatch Manchester were commissioned by Manchester City Council to conduct interviews with citizens who were discharged into care during the 12 months beginning in July 2020. Our participants had been discharged on one of three possible pathways:

- Pathway 1 - Citizens who are able to return home with support from health and/or social care
- Pathway 2 - Citizens who are discharged into rehabilitation in a bedded setting
- Pathway 3 - Citizens who had had a life-changing event and for whom home is not an option at the point of discharge

2. Interviews were conducted over the telephone by Healthwatch Manchester staff and trained volunteers.

3. Following the conclusion of our interviews and the analysis of the responses, a total of 10 key findings were identified. This covered 4 key findings for Pathway 1, 3 for Pathway 2 and 3 for Pathway 3. These key findings can be summarised as follows:

- More communication is needed with close family to ensure that they are kept fully informed, as soon as possible, of any updates to the discharge status of their relative
- Participants were generally satisfied with the quality of the service received during their discharge
- Overall, participants were satisfied with the standard of adaptations and adjustments that had been made to their property
- Concerns were raised by a minority of participants around the quality of care they received once they returned home
- A small number of concerning incidents were raised with us that require further examination

Recommendations

1. Steps are taken to ensure that the close family of those discharged into care are kept fully informed wherever possible. Due to the exceptional circumstances caused by the COVID-19 pandemic, some patients were discharged with little notice for either themselves or their close family. Whilst this may have been unavoidable, all efforts should be made to ensure that regular communication is maintained with close family. This issue arose through participants of all pathways.
2. Where someone reports a poor level of service, it should be made clear to them, or their loved ones, how to make a complaint or ask for help.
3. Home care providers should introduce more rigour to quality assurance to ensure that staffing is at a sufficient level in order to address any concerns raised.
4. The gap between discharge and the implementation of aids and adaptations to the property is minimised as much as possible, and people are made aware of who to contact if they have any issues. This would afford a seamless transition from intermediary care into the home environment.
5. The most concerning situations relayed to us during the interviews occurred primarily as a consequence of the COVID-19 lockdown restrictions and therefore will not be used to form any recommendation. Although most feedback relating to the quality of care was positive, we would recommend that there be a check-in contact within the first week of entry into pathway 2.
6. For each pathway, there appears to be a small number of situations where the outcome for the citizen has been poor. We recommend that these circumstances be investigated further.

1. Introduction

1.1 Healthwatch Manchester were commissioned by Manchester City Council (MCC) to conduct interviews with citizens who were discharged from hospital into care during the 12 months from July 2020.

1.2 The report is aimed at highlighting the experiences, both positive and negative, of citizens, in order to improve the discharge process in the future.

2. Background & Rationale

2.1 Citizens interviewed for this project were discharged into care on one of three possible pathways:

- Pathway 1 - Citizens who are able to return home with support from health and/or social care
- Pathway 2 - Citizens who are discharged into rehabilitation in a bedded setting
- Pathway 3 - Citizens who had had a life changing event and for whom home is not an option at the point of discharge

The pathway breakdown of our participants is as follows:

- Pathway 1 - 11 citizens (42%)
- Pathway 2 - 8 citizens (31%)
- Pathway 3 - 7 citizens (27%)

2.2 A 'Home First' approach (Pathway 1) is the default route for all citizens, and only in a situation where a person is unable to return home are pathways 2 and 3 used.

3. Methodology

3.1 Healthwatch Manchester produced an advertising flyer that was distributed by Manchester City Council to the relevant citizens. In order to encourage as many respondents as possible, gift vouchers worth £20 were offered as a thank-you for participation.

3.2 A survey was designed by Healthwatch Manchester staff and volunteers to allow citizens to fully outline their experiences of being discharged into care. The survey contained 7 questions (excluding demographic questions) and on average took 15 minutes to complete.

All of the surveys were conducted via telephone interview either by a Healthwatch Manchester staff member or a trained volunteer. In total, 26 people were interviewed.

3.3 All of our participants consented to their experiences being used in this report. A demographic breakdown of our participants is as follows:

- Gender breakdown: Men (14), Women (11), Did not say (1)
- Age breakdown: 60+ (19), 45-59 (5), 30-44 (1), Did not say (1)
- Does the participant have a disability: Yes (19), No (6), Did not say (1)

- Ethnic origin: White British (20), White Irish (1), Pakistani (1), Did not say (4)
- Sexual orientation: Heterosexual (17), Prefer not to say (9)

4. Results

Pathway 1

4.1 First, we asked our participants how well informed they felt about what was happening when they were discharged. We asked them to provide a rating for how well informed they felt, on a scale of 1 to 5, with the average score being recorded as 2.8.



The majority of participants felt that they had been well informed about what was happening with their discharge.

One participant reported that the staff were “*informative*” and feeling “*looked after very well*”. Another stated that staff “*did everything possible*”, and this was reflective of the overall responses

However, a small number of participants did report some communication issues, specifically with regard to liaising with close family. One participant, who was commenting on the experiences of one of their relatives, stated that they were not informed about their relative being discharged before it happened.

This issue was raised by a number of different participants, all of whom indicated that they would have liked some notice before discharge in order to ensure that necessary support was in place before their relative arrived back at their home.

4.2 We then asked participants how they would rate the discharge process. We asked participants to provide a rating for the quality of their experience, on a scale of 1 to 5, with the average score being recorded as 3.4.

The majority of comments we received about this issue were very positive, and on the whole our participants were happy with their experiences.

The only concern raised was a specific issue mentioned by a participant with regard to the food choices on offer during her stay in hospital. The participant reported that she was given food that she was allergic to, which was naturally a matter of concern. However, it should be noted that she was later moved to a different ward and the food service was much improved.

4.3 We then wanted to know what the discharge team (the staff who helped them into care) did well.

Overall, our participants were happy with the standard of care provided by their discharge team. One participant stated that “*everything about the service was perfect*”, whilst another

said, “[the staff] took very good care [of me] and gave [me] the support that was needed”. That participant also indicated that they would like to thank the staff who cared for them.

Even though the question was aimed at finding out the positives regarding the work of the discharge team, we did receive a number of negative responses.

We again received comments relating to the lack of communication with family members, and these remarks were consistent with those reported above.

There were also comments regarding the use of third-party companies. One participant stated that they were unhappy with the discharge team and that it was always the same company that was “*terrible*”. This comment was an outlier, though, and the majority of comments about the discharge team were very positive.

4.4 Next, we asked if the participants would change anything about the service.

The main area identified by our participants as requiring change related to the standard of third-party care staff who came to support them after their discharge. One participant stated that they would change “*everything*” because there was “*nothing positive to say*” as the care had been “*awful*”. A different participant raised concerns about the changing rotas of the care staff and how, on some occasions, the carers had “*abandoned*” them during their shift. Another participant felt that care staff should “*be more friendly to everyone*”, and that there should have been “*more staff with better support*”.

As with previous questions, we also received comments regarding the level of communication with family members. One participant stated that the family were left “*clueless*” about the discharge of their relative, and that the care package did not arrive until 7 days later. However, they also said that the quality of the care, once it began, was “*faultless*”.

4.5 We then asked people if there had been any adjustments made to their property to help with their recovery and, if so, if there were any comments they would like to make about them.

The overwhelming experience of our participants was again very positive. Those who reported having received adjustments were satisfied with the outcome. For example, a couple of participants stated that their adjustments were “*fine*” and “*really useful*”.

However, one participant did state that their adjustments were “*totally useless and not relevant to [their] needs*”. They also informed us that they had been promised the necessary adjustments but nothing had ever happened. A different participant said that the system was “*not joined up*”, as they have never received any adjustments and “*nothing has been done to help*”. These comments were, however, the minority view, and the majority of participants reported being satisfied with their adjustments.

4.6 Finally, we asked if there were any other comments they would like to make about their experience.

The majority of the responses we received regarded the staff who had treated them throughout their discharge journey, and the comments were varied.

One participant stated that she was unhappy with the standard of care provided by her carers, whom, she said, “*do nothing*”. She informed us that her carers stay “*for 5 minutes at a time*” and that they have left her living “*in squalor*”. She reported that she’d complained about the service but that she feels “*ignored*”.



Similar comments were also received by a number of other participants, with one stating that they felt carers required “*further support*”, which would help “*improve the service and staff morale*”.

However, we did also receive positive comments to this question. One participant told us that “*the aftercare was perfect*”, and that all of the healthcare professionals who took care of him were “*great*”.

Pathway 2

4.7 First, we asked our participants how well informed they felt about what was happening when they were discharged. We asked them to provide a rating for how well informed they felt, on a scale of 1 to 5, with the average score being recorded as 3.3.

The majority of participants felt that they had been well informed about what was happening with their discharge. We received a number of comments that praised the staff in particular. For example, one participant stated that the staff were “*terrific and very kind*”, whilst also being “*excellent and informative*”.

However, we did receive a couple of comments from participants who raised concerns about the level of communication with family members. One participant, who discussed their father’s experience, said that they were “*not given any information*” about what was happening with their father’s discharge. Another participant stated that they “*would like to have known sooner*” about their daughter’s discharge, as they were only told 15 minutes before that she was being moved.

Furthermore, during a lengthy testimony, one participant informed us that their relative had been discharged without the family being informed at all, despite them being in constant communication with the doctor. This obviously raised concerns for the family.

4.8 We then asked participants how they would rate the discharge process. We asked participants to provide a rating for the quality of their experience, on a scale of 1 to 5, with the average score being recorded as 4.

The majority of comments we received about this issue were very positive, and it was clear that, in the main, respondents were satisfied with the service from hospital to care. One participant reported as being “*very happy*” whilst another stated that the care they have received has been “*excellent*”. These comments reflect the views of the majority of the participants within Pathway 2.

On the other hand, it is worth noting that we did receive a small number of comments from participants who were not satisfied. One participant stated that they felt the care staff needed “*better training*”, particularly with regard to their “*punctuality and skills*”.

4.9 We then wanted to know what the discharge team (the staff who helped them into care) did well.

The feedback with regard to the discharge team was very positive. One respondent reported being “*very happy with their service*” and this reflected the overall responses. The only area of concern that we received comments about was the lack of communication with family members, which was reported in response to this question by one participant.

4.10 Next, we asked if the participants would change anything about the service.

As with Pathway 1, the area that received the highest number of comments was the standard of care after discharge. We heard such comments ranging from “*the care home company wasn’t good*” to “*the care company just isn’t good enough. Staff don’t check if medication has been taken*”. We also had a comment from a participant who had been receiving physiotherapy following discharge who they felt that the amount of sessions they were given was not sufficient to help with their recovery.

4.11 We then asked people if there had been any adjustments made to their property to help with their recovery and, if so, if there were any comments they would like to make about them.

Those respondents who reported having had adjustments were satisfied with the changes. One participant reported that they had received adjustments to their bed, which had been moved downstairs, and that they were happy with the outcome. A different participant reported having been provided with a new bed and chair, and again they reported being pleased with these adjustments.

A further participant told us that since being allowed back home, the adaptations to their house had been “*fantastic*” and “*greatly appreciated*”. Another participant informed us that the adaptations to their property had been “*beneficial*”, whilst another said that their new bed and rails were “*great*”.

However, we did hear about a couple of negative experiences. For example, one participant stated that they had “*received no assistance*”, and that it had taken “*seven months to get one single pole in the bathroom and a plastic toilet top installed*”. A different participant told us that they were not given any help at all.

4.12 Finally, we asked if there were any other comments they would like to make about their experience.

Again, the majority of responses we received to this question were positive. A number of people praised the staff, with one stating that the staff were an “*exceptional*” team who kept going “*above and beyond*”. Another commented that the staff had done a “*fantastic job*”.

However, we did receive one testimony that caused some concern. The participant reported that their family member had been discharged in a wheelchair, and then “*left... soaked in his own urine.*” The participant also reported that when their relative was eventually able to return to their own home, the carers “*did not do their job properly*” and it took 2 and a half months for a care plan to be agreed.

Pathway 3

4.13 First, we asked our participants how well informed they felt about what was happening when they were discharged. We asked them to provide a rating for how well informed they felt, on a scale of 1 to 5, with the average score being recorded as 2.9.

The majority of the comments we received about the level of communication were positive.

For example, one participant reported that their relative felt “*very informed*” about the discharge process and that they were in constant communication with their healthcare professionals. Another stated that “*there was communication progress throughout*”, and the “*family were involved in meetings and so aware of what was happening*”.

We did receive a comment from a participant who was unhappy with the quality of information being provided to their family member, who is 85 and has Parkinson’s disease. The respondent stated that their relative “*did not receive any information about what was happening to him*”. This was, however, an outlier when compared with the overall responses.

4.14 We then asked participants how they would rate the discharge process. We asked participants to provide a rating for the quality of their experience, on a scale of 1 to 5, with the average score being recorded as 3.7. The majority of comments we received indicated that respondents were very satisfied with the quality of the service.

One participant stated that they felt “*well looked-after throughout the process*”, but in general we received few additional comments from participants to this question.



4.15 We then wanted to know what the discharge team (the staff who helped them into care) did well.

We only received a small number of comments from participants about their experience with the discharge team.

One participant highlighted how attentive the discharge team had been during their discharge, as they had collapsed during the process,

but the team had stayed with them to ensure they were OK before leaving.

On the other hand, a different participant spoke about their experience during which there ‘*wasn’t a discharge team*’, as they were transported via an ambulance into care and had to ask their friends to bring all of their required personal belongings to the new accommodation.

4.16 Next, we asked if the participants would change anything about the service.

We received a number of comments from participants about the quality of care in the new accommodation setting. One participant stated that they found themselves, mentally, in a very dark place, but they were not offered any psychological support. They said that they were able to get through this period due to the support of their children and grandchildren, but the lack of professional help “*shouldn’t have happened*”. This participant also raised concern about the quality of the physiotherapy support they received. They had gone through an amputation and were disappointed to find that the physiotherapy on offer only lasted 20 minutes per session. They were also unhappy with the process of getting a prosthetic, informing us that they were “*having to fight*” just to get one.

A further participant stated that there needed to be more support for people who had been discharged, as they felt that people were just being left in their new situation with little information and little help.

4.17 Finally, we asked if there were any other comments they would like to make about their experience.

One of our participants said that they “*hoped to God no one else has to go through*” what they had. They said that they had experienced very traumatic circumstances but the mental health support offered was not good enough, as they only had access to a psychologist for “*15 minutes*”, who would just ask “*basic questions*”.

A different participant raised concerns about the standard of care being provided to their relative after discharge. They stated that the carers who were looking after their relative could not do basic tasks and were unable to communicate well in English.

5. Key Findings

Pathway 1

1. Overall, our participants felt well informed about what was happening when they were being discharged into care. Some close family members of our participants felt that they needed to be better included throughout the process, particularly at the point of discharge.
2. There were no systemic issues regarding the discharge process and there was no significant level of complaints. The majority of our participants were happy with the service that is provided from hospital into care.
3. The majority of respondents were satisfied with the standard of care received at home. However, where respondents did raise concerns, they did so vehemently.
4. Generally, the respondents were happy with the adaptations and adjustments that had been made to their property. The main issue that was expressed concerned the time taken for the adjustments to be made, rather than any concerns with the quality of the adaptations themselves.

Pathway 2

1. Overall, our participants felt well informed about what was happening when they were being discharged into care. Some close family members of our participants felt that they needed to be better included throughout the process, particularly at the point of discharge.
2. Generally, our participants were very satisfied with the quality of the discharge service and we received a number of comments praising the staff. We received further comments similar to those referenced above relating to concerns about the lack of communication with family about when their loved one was being discharged.
3. Respondents were happy with the quality of the adjustments they received to their home. The only concerns related to the amount of time it took for them to be installed.

Pathway 3

1. In the main, respondents felt well informed about what was happening when they were discharged from care. However, as with the previous two pathways, we did receive a number of comments from family members who felt that the level of communication with them should have been much improved.

2. There were no systemic issues regarding the discharge process and there was no significant level of complaints. The majority of our participants were happy with the service that is provided from hospital into care.

Acknowledgements

Healthwatch Manchester would like to thank Manchester Local Care Organisation for their cooperation and help with this investigation.

We also want to thank all the volunteers who took part in this work:

Katie Lall

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Special thanks to Niky and Abbie for analysing the data and their help with writing this report.



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