

Broadgreen Hospital Reablement Assessment Hub (Wards 2 and 7)

**Liverpool University Hospitals NHS
Foundation Trust (LUHFT)**

Listening Event

Tues 25th June 2024



Key Findings

Patients told us that staff were the best thing about the Hub. 87% gave staff a 5 Star rating.	Most patients said they had been given enough information about their hospital care and plans for care after discharge.
Family members had noticed improvements in their loved ones' engagement levels and wellbeing.	Staff seemed very committed to this new approach to reablement and morale seemed high.
Investment in additional wheelchairs would help more patients to be included in activities.	Some patients raised concerns about other patients being distressed in the night.
Early data show that 2 extra days in the Hub leads to a reduction in readmissions.	Broadgreen could be doing more to reduce infection risks.

Introduction

A small team of Healthwatch Liverpool staff visited Broadgreen Hospital's new Reablement Assessment Hub (Wards 2 and 7) on 25th June 2024.

The Hub has 46 beds over the 2 wards and has been open since August 2023. However, a new Test of Change model, taking patients from the Acute Medical Units (AMUs) on the Aintree and Royal sites commenced on 20th May 2024, just 5 weeks before our visit.

Patients are referred from the Royal and Aintree AMUs when they have been assessed as no longer requiring acute treatment or beds but are still in need

of additional therapy and assessment before they can be discharged safely, with suitable care packages.

A key purpose of the Hub is to provide the support that patients need to avoid re-admission to hospital, and delayed discharge from acute care.

Patients are encouraged to do as much for themselves as possible – including washing and dressing themselves. They are also encouraged to sit out of their bed, to move as much as possible and to take part in a range of activities.

As mentioned, at the time of our visit, the Hub had been operating under the Test of Change model for 5 weeks. The average stay was currently 16 days. Although patients were staying in hospital an average of 2 days longer than under the previous care method, 100% had (so far) gone home to where they were living when admitted to hospital. Re-admissions to hospital were being monitored and none had happened at the date of our visit.

The staff team includes Activities Co-Ordinators, Physiotherapists, Reablement Therapists, and Dementia specialists alongside the nursing team and Health Care Assistants.

We used a questionnaire to prompt conversations with 16 patients and 2 family members.

We also spoke with several staff during the course of the visit.

At the end of the visit we spoke with staff to share an overview of what patients had told us and some of our initial observations.

Many thanks to the patients and family members who were willing to speak to us, and to the staff who gave us their time and support in arranging and facilitating our visit.

Activities

On arrival, we were welcomed by Nicola Richardson (Medical Matron) and Alison Gallie-Daly (Patient Experience and Engagement Manager) and invited to observe an outdoor activities session in the hospital's garden area. Whilst doing so we met with the Clinical Nurse Specialist for Dementia and a range of other staff.

We saw 9 patients taking part in the activities and over 10 staff were involved in supporting them at one time or another.

We observed:

- Patients singing, dancing in their chairs, smiling and chatting with each other.
- Chair-based exercises – including holding a parachute aloft and moving balls around on it; 'tennis'; playing catch; throwing bean bags into a bucket.
- Music being played.
- A communication board being used for a one-to-one talk between a patient and a therapist.
- Orange juice being brought out for the patients.
- Relatives getting involved in the activities.
- Sunscreen being applied to patients and patients being moved to shady areas (it was a particularly hot and sunny day).
- Staff accompanying patients for walks – often with walking frames.
- A therapist talking with a patient about the flowers in a flower bed.
- A patient being moved from a wheelchair onto a bench to have a discussion with staff on the same level.

We were told that Health and Safety assessments are completed prior to activities taking place.

We asked about the other activities that were available, including for people who were unable to leave the wards, or who were reluctant to go outside or socialise. We were told that a range of other activities and one-to-one support were available, and that people were not expected to socialise if they were not inclined to. A Day Room is available for activities between 9:00 and 11:00am, which is particularly useful when the weather is bad.

We were informed about other activities that had taken place, including:

- Visits from a Pets as Therapy (PAT) dog
- Performances by singers
- A hospital gardener getting patients involved with his work
- Picking flowers
- Having photos taken to share with relatives (with consent)
- Games, including Bingo
- One patient who was a keyboard player had been given access to a keyboard and was able to play to a very high standard
- Hair and nails salon
- Discos
- A D-Day event

One advantage of the Hub being based on traditional-style wards (not single rooms like at The Royal) is that tables can be put together at mealtimes and patients can eat together and socialise, which helps to reintegrate them into home life following their time in hospital.

What People Said

15 of the 18 people we spoke with shared the first part of their postcodes with us. All were from Liverpool or Sefton.

Half the people (9) told us about their experiences in Ward 2, and 7 people told us about Ward 7. 2 people told us about Ward 9. Although Ward 9 is not part of the Reablement Hub, we noticed that patients from other wards were encouraged to join in with the outdoor activities that we watched, as were family members.

Not all surveys were fully completed. Some patients voluntarily stopped part way through, and others stopped for treatment, for example the arrival of a Physiotherapist. We asked staff on both wards about which patients we should avoid speaking to for reasons of e.g. infection control and were given a list. All other patients were approached – providing they were awake – and given the opportunity to talk to us, or to decline. It was made clear that participation was anonymous, not compulsory and that they could stop participating at any time.

1) We asked: What is good about this hospital?

18 people responded. 12 of them mentioned the **staff** as being the best thing about their experience. In some cases patients made comparisons with LUHFT's acute hospitals.

"The staff, the care, everything. I'm being looked after, the staff are very helpful."

"The staff are good with patients. It is a difficult ward, some patients have challenging behaviour."

"The staff. They are very helpful, when you buzz they are there. They listen to you."

"It's alright, they have been good to me, the staff are helpful."

"The nurses are so caring, they are there for every beck and call, fantastic. And the physios are great. Other patients are friendly, with one we shout across to each other."

"It's all been fine, the staff are good."

"The people, nurses, activities. It keeps me busy. I enjoy socialising. Everyone's happy."

"Very nice, clean, caring, staff are good. They are nice."

"Very nice, staff are lovely. Only been here 4 days, it is better and more laid back, less rushed."

"The medical staff are marvellous. At about 9:30 one night there didn't seem to be any cover and this one nurse had 5 patients to look after for over 2 hours - I thought she was incredible. I thought she was incredible. She deserved a medal. I always wave to her now. I was in the Royal for a while and came over here with my friend from there - it was like being deported to Rwanda! The Royal is like solitary confinement. I'm not sure how long I was there. Maybe 2 years. There's not enough light. I lost track of time as there's nothing visually to know what time or day it is. I'm getting to know a lot of people here now - patients and their family members - and I enjoy it. If I was stuck on my own I'd be in a mental hospital! They took us out today to play games - I've never known it before! Every time there's something happening I put my name down for it! Art or anything."

"I'd been to the Royal 3 times before I was admitted. I was there for 2 days with a foot infection and I wasn't happy. Things have improved here. The staff at the Royal aren't bad but they've got queues of people in corridors. I've been here 8 weeks now. They found out here that I have some other issues and those are now being sorted. The Drs and staff are wonderful here."

"It's been so personal. They go the extra mile, they become like friends to the family too. They go out of the way to keep patients entertained and I have noticed an improvement in my mum who has dementia. She has made a friend here too who calms her down and helps her." **Family member**

Other comments mentioned **care** and the **environment**:

"The care and attention."

"I only got transferred from The Royal last night. I was there about 5 days, it was terrible. The staff were hard-pushed. There was no fresh air where I was. I couldn't look out of the window – it was too high. I've seen bigger storage cupboards. And there was no TV so I was very bored. The care side here is marvellous, and the meals are good. Here is a vast improvement on The Royal. It's bright and there's fresh air."

Food:

"The food is very good. The food is lovely. I've been given brown bread. It was worse in Aintree but there was a really kind bone doctor at Aintree."

Cleanliness:

"Good, everything. Clean and comfortable."

The remaining patients said that their experience had been OK:

"It's ok, I've got no complaints. They want me to go home soon, maybe this week. I can't wait."

"Pretty good, food's not fantastic but it is OK. It is alright."

2) We asked: What could be improved?

17 people responded. 3 of them said *"Nothing"* and others expanded on this theme:

"I can't think of anything, everything is ok."

"I don't think anything can be improved."

"Nothing really, they work hard enough. Mum is clean and well-fed."

"Nothing really. We have everything we need. They're really good."

"Not really, they all try their best."

3 people mentioned **food** or **drink**:

"The food, it's not very well cooked. The choices are restricted when you've been here longer, it's the same every week. Portion sizes are fine."

"The food."

"Cold drinks - water is warm and need it to be refreshed more often."

Staff being overworked was also raised:

"Nurses are being overworked. A couple of patients won't do anything or get involved and need a lot of care - but I've got no complaints whatsoever."

"Sometimes you have to wait a while for things."

Only one person mentioned **staff attitude** negatively:

"Sometimes it feels like they're shouting at us. I said to one girl we are here because we are ill!"

Other comments included:

"Uncomfortable seats."

"Relatives come and it is too noisy to hear them."

"I'm just looking forward to getting home."

3) We asked: Have you taken part in activities while you've been here? If yes, Examples? What was it like?

All 18 people responded. 10 people said they (or their relatives) had not taken part in activities – although in some cases they contradicted this elsewhere in their responses OR we observed them taking part in activities. It may be that they did not all understand what we meant by 'activities' and that we could have been more specific.

Answers included:

"No, not yet."

"No, I'm restricted to my bed."

"No I haven't. I can't move that much."

"Not yet but I haven't been here long."

One person hadn't been able to get outside but had been involved in ward-based activities:

"Not the ones off the ward yet because of my bad feet. But they had bingo on the ward, which I got involved with."

Another was nervous about participating:

"I've not been upstairs or outside for months previously at home. I've always had arthritis. And I've not been outside here. I have always been terrified of hospitals"

One person thought they hadn't been involved in activities but staff reminded them that they had played bingo – and won.

Those who said they **had** been involved in activities were enthusiastic about them:

"Yes, I go into the garden, there's usually lots of carers out there. It's nice to get outside. And I sometimes go with the nurse for a cuppa in the cafe, but the cafe shuts early."

"Art, walking, playing catch and playing 'tennis'."

"Yes, it was outside and relaxing. Better than being alone. I've done knitting by myself and also seen the dog as well."

"I've been outside in the nice weather. I've listened to music and chatted to others. It helps me feel better. We go out in wheelchairs, it is very nice."

"Yes, I like it. Everyone's together. I did the quiz but I have difficulty walking."

A relative noted the change in their mother since arriving at the Hub:

"Mum wouldn't mix but now is in an environment where she has to. Coming out here in the garden. And she enjoys the sing-song with the man with the ukulele."

4) We asked: Have you had physiotherapy while you've been here? If yes, how has that been?

17 people responded. 11 of them had had physiotherapy and one was waiting for their first session. The feedback was mostly positive:

"Yes, I think it's very good."

"Yes, it's ok, no complaints. My mobility has improved since I've been here."

"Yes. It's fine, great, it's every day."

"Yes, it's helpful, it has helped me a lot. I had a bad fall 4 months ago."

"Yes, it was alright."

"Twice since I arrived. It was helpful."

"Yes, very good, clear instructions. They are kind to me."

However, some people had also found it challenging:

"It's been good. The trainer pushes me hard – sometimes it seems too hard but it's good for me. They take me for a walk – it can be quite a distance. I sit down on one of the fold-down seats in the corridor when I've walked enough. And I talk to everyone."

"Yes. It is too much. It is okay and helps but they are bossy and don't understand the pain I am in, I don't feel able to be honest and I feel like they just won't listen."

"Yes. I'm learning to stand again. I had to go to Aintree for an MRI and that made my ankle worse – bumping around in the ambulance."

"My knees are still sore. Everyone says that I walk good but I don't feel it, it's not as good as before the pneumonia."

"He (relative) had physio for 2 days, no more, he was in too much pain."

Some people had not yet had any physiotherapy:

"Not yet but I'm just about to."

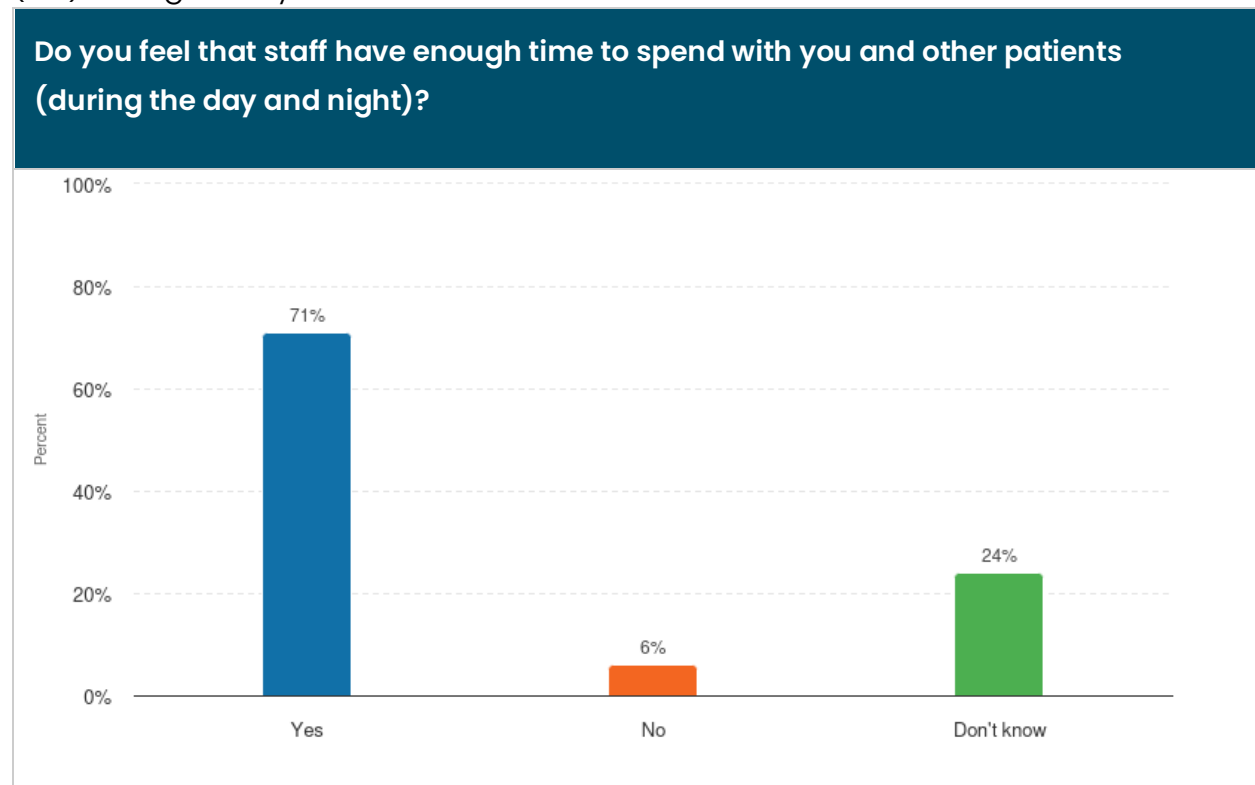
"I don't think so, she (relative) has had treatment for pain."

One person was unable to remember whether they had received physio but did tell us they had been given socks to help with fall-prevention:

"I'm having a memory struggle. Staff give you socks which help."

5) We asked: Do you feel that staff have enough time to spend with you and other patients (during the day and night)?

17 people answered this question and 71% of them said that staff did have enough time. However, nearly a quarter (24%) were unsure, and one person (6%) thought they did not.



Additional comments included:

"If I want anything I press the buzzer."

"Most of the time. I prefer the day staff, the night staff are more withdrawn."

"I don't mind, I like to be left to my own devices."

"I can't judge that, they're overworked, they have a lot of people to care for. But the time they spend with her (patient) is precious, and Tess the dementia nurse sends us pictures (shows picture of a smiling mum sitting in a chair outside holding flowers)."

"I get water nearly every hour. At night too, people ring the buzzer and they'll come but I don't want to make noise. Both day and night staff are good."

"The therapy team come in and take patients out to give other staff less to do on the ward. I'm hoping to get to a stage where I can get to the garden. You can have a joke with the staff even when they're busy looking after 2 bays."

"Usually."

"I've always got my button if I need anyone. I ask to go to the toilet - but once or twice I've decided to go on my own. One of the staff I call Florence, like Florence Nightingale. When they were short staffed I complained about being left in a chair for too long, and they eventually took me down in a wheelchair. But 3 lads didn't have a wheelchair so I said "Take them first". They apologised for being short-staffed."

"Thy spend as much time as they can. They spend lots of time with me."

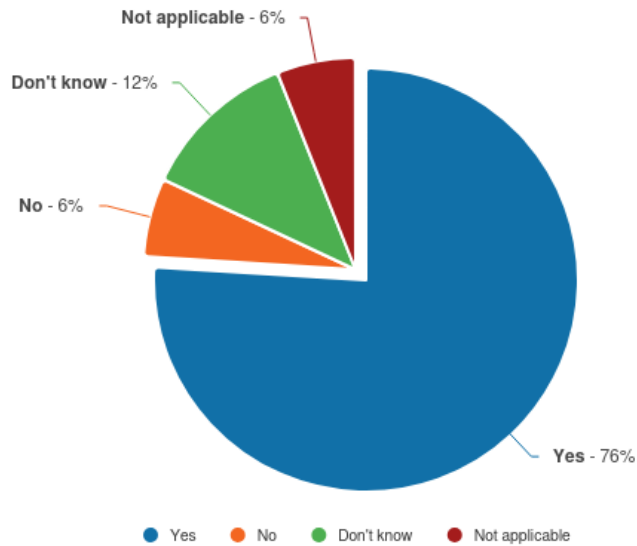
"The staff keep themselves to themselves, my husband visits daily. I have a dry mouth and staff don't notice."

"They have so much to do."

6) We asked: Have you been given enough information about your care and treatment by the hospital?

17 people answered this question. Just over three-quarters (76%) felt they had been given enough information. One person (6%) felt they had not. Others had not been at the Hub long enough to comment.

Have you been given enough information about your care and treatment by the hospital?



Answer Choices			Response Percent	Response Total
1	Yes	<div></div>	76%	13
2	No	<div></div>	6%	1
3	Don't know	<div></div>	12%	2
4	Not applicable	<div></div>	6%	1

Additional comments included:

"I've seen the consultant."

"I'm waiting to go home, for the care package, I want to go home."

"At times. It has been a battle, he (relative) is on the wrong ward here, a rehab ward (when relative is terminally ill and getting palliative care). It's been an ongoing battle that."

"For now. And what happens when I eventually leave hospital."

"They give us (the family) information because mum forgets."

"Each specialist goes through it thoroughly - the what and the why."

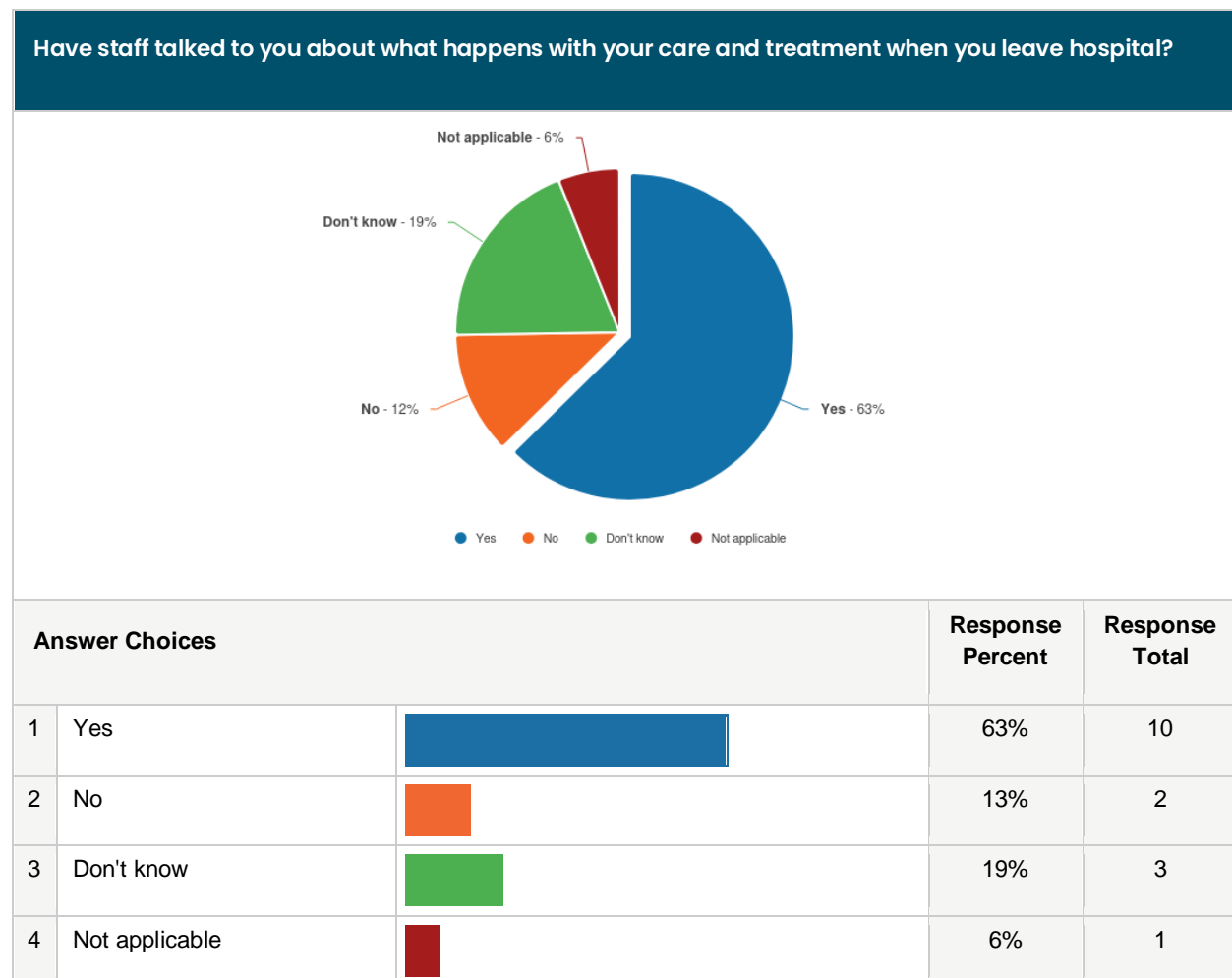
"I've only just arrived."

"It's really good and they speak to my son about it too."

"My memory isn't good. They need to remind me of things."

7) We asked: Have staff talked to you about what happens with your care and treatment when you leave hospital?

16 people answered this question. The majority (63%) said that post-discharge care and support had been discussed with them. Of those who answered 'No' or 'Don't Know', some were relatively new arrivals and this may explain their answer. Others may not have remembered the discussions.



Additional comments included:

"I'll get a care package. It's not clear yet when I'll be discharged."

"When I go home there will be carers, not too sure what else in terms of equipment."

"Hopefully he will be discharged today (moving in with relative). The equipment is there and the care package is in place."

"They're putting a care package together, hopefully this week – I can't wait to get home."

"The social worker comes in and speaks to us, she is very nice."

"They've told me everything."

"A social worker came out last week but they're waiting for the MRI scan results before any decisions are made. But I hope to go home next week."

"They're going to take me home when they find the key (to the patient's home) and look for any dangers. I hope I pass the test!"

"I fell down the stairs, no one has explained much."

"I was home this morning to see how good it was. I was happy to be there, they are getting me some stuff so I can go home. They checked I can go to the kitchen and use a commode. I've only been getting in and out of bed."

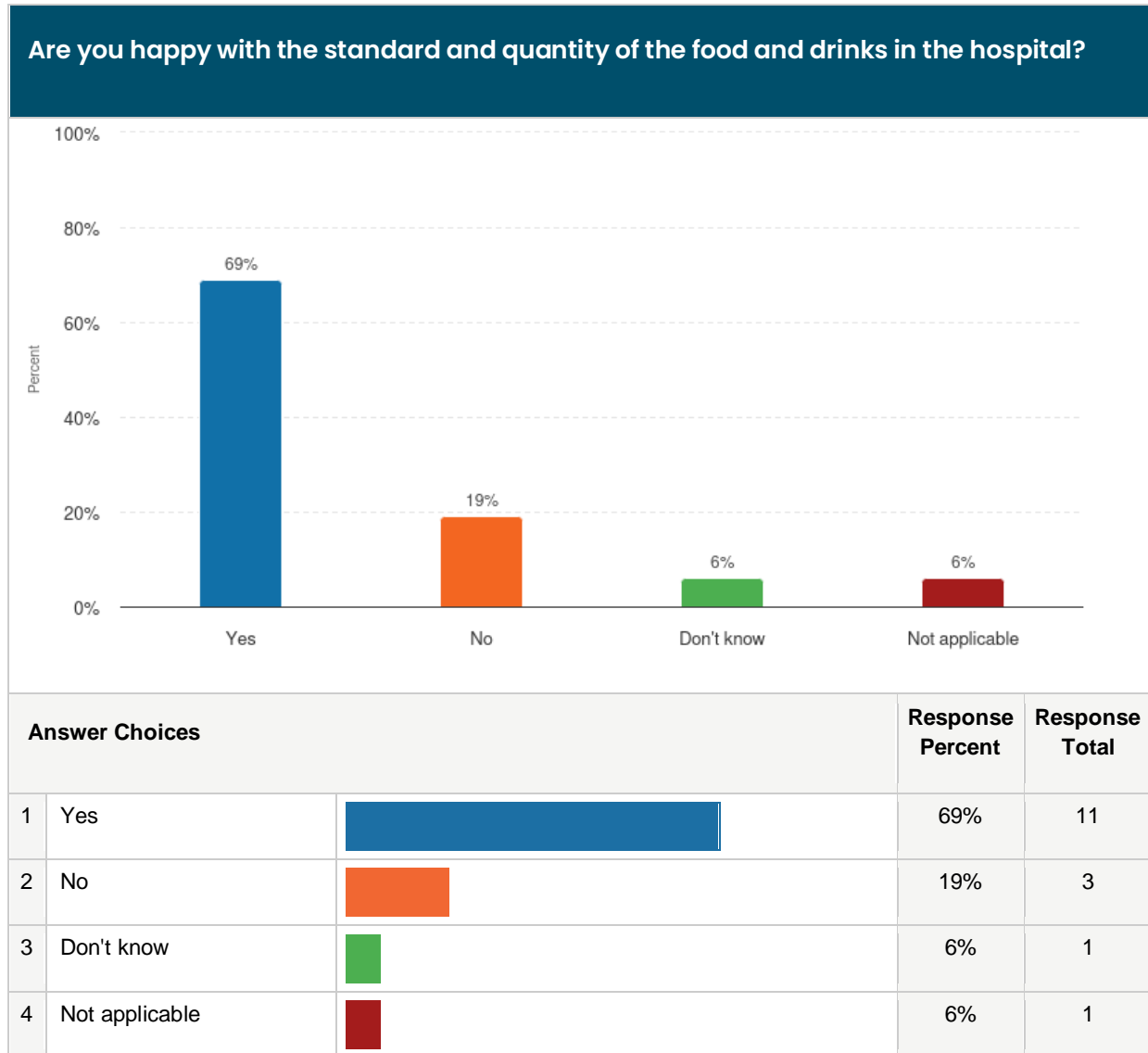
"I've only just arrived."

"Think so."

"My memory is not the best, I am not sure."

8) We asked: Are you happy with the standard and quantity of the food and drinks in the hospital?

16 people answered this question. The majority (69%) were satisfied with the catering provided although some were happier than others. 3 people said they were unhappy.



Additional comments included:

"Definitely."

"It's excellent – with good choices."

"It's alright. You can't grumble."

"It's alright."

"OK. Yes it's fine."

"It is OK and gets me by."

"I love the cheesy things they make."

"I've been alright with it – I like the lasagnas!"

"They take into account preferences."

"It's OK."

The people who were unhappy with the catering said:

"The food – everyone complains. It's the quality, it doesn't look appetising. My relative is not eating a lot, he has terminal cancer and is getting palliative care. Soup and ice cream are all he eats, and they don't always have soup on."

"It's the same menu every night! After a few weeks I've had everything several times and I'd like a change."

"The food could be improved, especially at tea time. The plate is stone cold and the food is only slightly warm so you have to eat it quickly. They mention food I've never heard of – I'm not sure what it is. I've seen some people who can't talk very well being sick after their food. I'd like to be able to request food that I'd like. We had fish and chips once but the fish wasn't very good. The sweets are very good though, and the tea (drink) is ok."





Some patients and family members said that families brought in food to supplement what was available in the hospital.

"I'm not eating but my family bring food in. I have orange juice regularly."

"Mum has a good appetite, and we try to bring in things she enjoys."

9) We asked: Has your sleep been interrupted by noise at night from a) other patients b) Staff c) medical equipment d) anything else?

15 people answered this question. 6 said that other patients had disturbed them at night, 2 mentioned medical equipment and 1 said that staff had disturbed them. 10 people gave additional comments.

(Inpatients only) Has your sleep been interrupted by noise at night from:				
Answer Choices			Response Percent	Response Total
1	Other patients		40.00%	6
2	Staff		6.67%	1
3	Medical equipment		13.33%	2
4	If anything else please state		66.67%	10

Some people said they had no trouble sleeping and weren't disturbed:

"No." x 2

"Nothing, I go to sleep and they have to wake me up in the morning."

Others didn't point to any specific disturbances but simply weren't sleeping well.

"I don't sleep (here). At home it's more relaxed."

"I just haven't had much sleep. I'm still adjusting to being here."

"My sleeping tablets are not always working."

One person said they were disturbed by *"Everything."*

Others mentioned the impact of distressed patients at night:

“Sometimes other patients make noises at night. You get used to it. One has screaming fits which I worry may be about sexual abuse. I’m not sure whether staff are aware¹. One patient tried to harm herself and had to be moved.”

“Some patients need a lot of attention and keep pressing the button. We were moved last night which also interrupted my sleep.”

A family member noted that their mother was more likely to cause disturbance than to be disturbed:

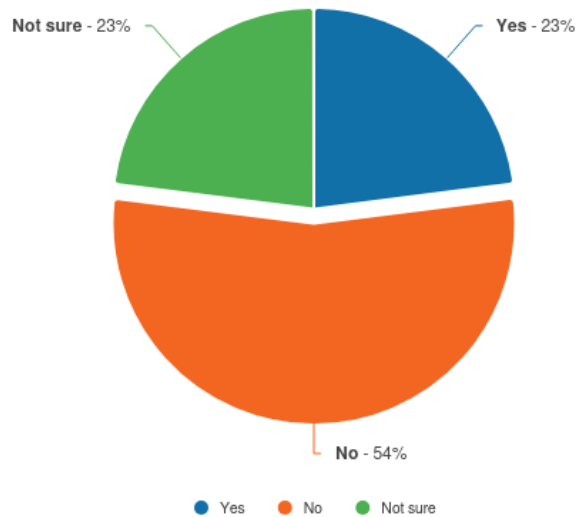
“Mum is more likely to interrupt others, she walks around at night.”

10) We asked: Do you have any additional support needs? (e.g. Learning Disability/ Neurodiversity/language/sensory impairment/mobility/physical health/mental health/traumatic experiences)

13 people answered this question of whom just over half (54%) said “No.” However, almost a quarter (23%) said “Yes” and the same percentage (23%) said “Not Sure”.

¹ NB This comment was raised with staff at the end of our visit.

Do you have any additional support needs? (e.g. Learning Disability/ Neurodiversity/language/sensory impairment/mobility/physical health/mental health/traumatic experiences)



Answer Choices			Response Percent	Response Total
1	Yes	<div style="width: 23%; background-color: #0070C0;"></div>	23%	3
2	No	<div style="width: 54%; background-color: #FF8C00;"></div>	54%	7
3	Not sure	<div style="width: 23%; background-color: #70AD47;"></div>	23%	3

When asked how they had been supported (if relevant), or whether they had any additional comments, 6 people gave additional comments. These were mainly focused on physical support needs.

"It's fine, they help me to use the crutches."

"I'm provided with whatever I need, and equipment at home."

"My knees are painful and they ask me to do exercises. It helps."

"My mobility, but I'm fine with the Zimmer."

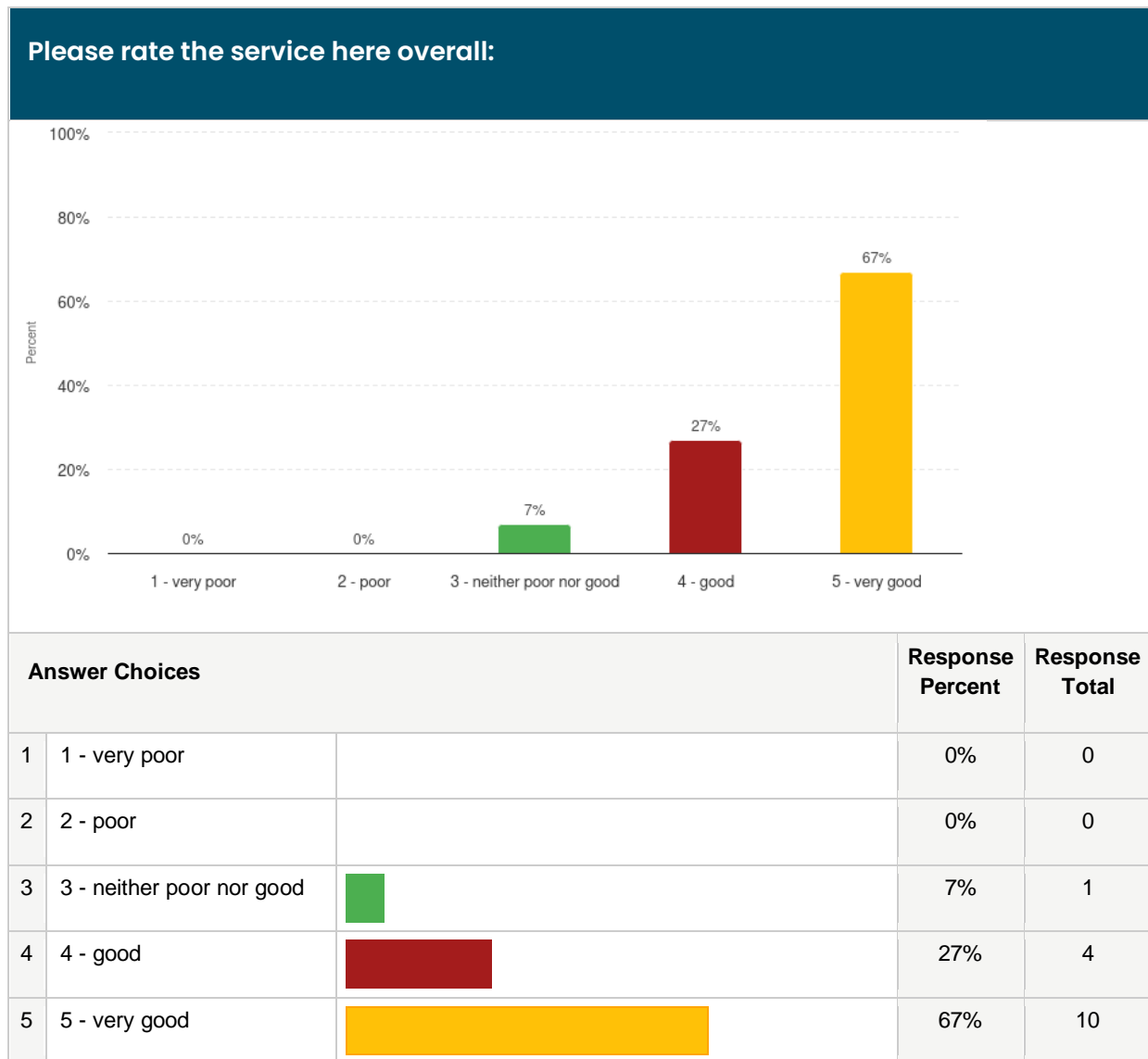
Two relatives also added comments:

“She’s a falls risk. They have helped very much. She has her own wheelchair from home so the family can take her out.”

“She’s a bit confused.”

11) We asked: Please rate the service here overall:

15 people responded. Of these, 10 (67%) gave the Hub a 5 Star rating, and a further 4 (27%) rated it 4 Stars. 3 people rated it 3 Stars.



Additional comments included:

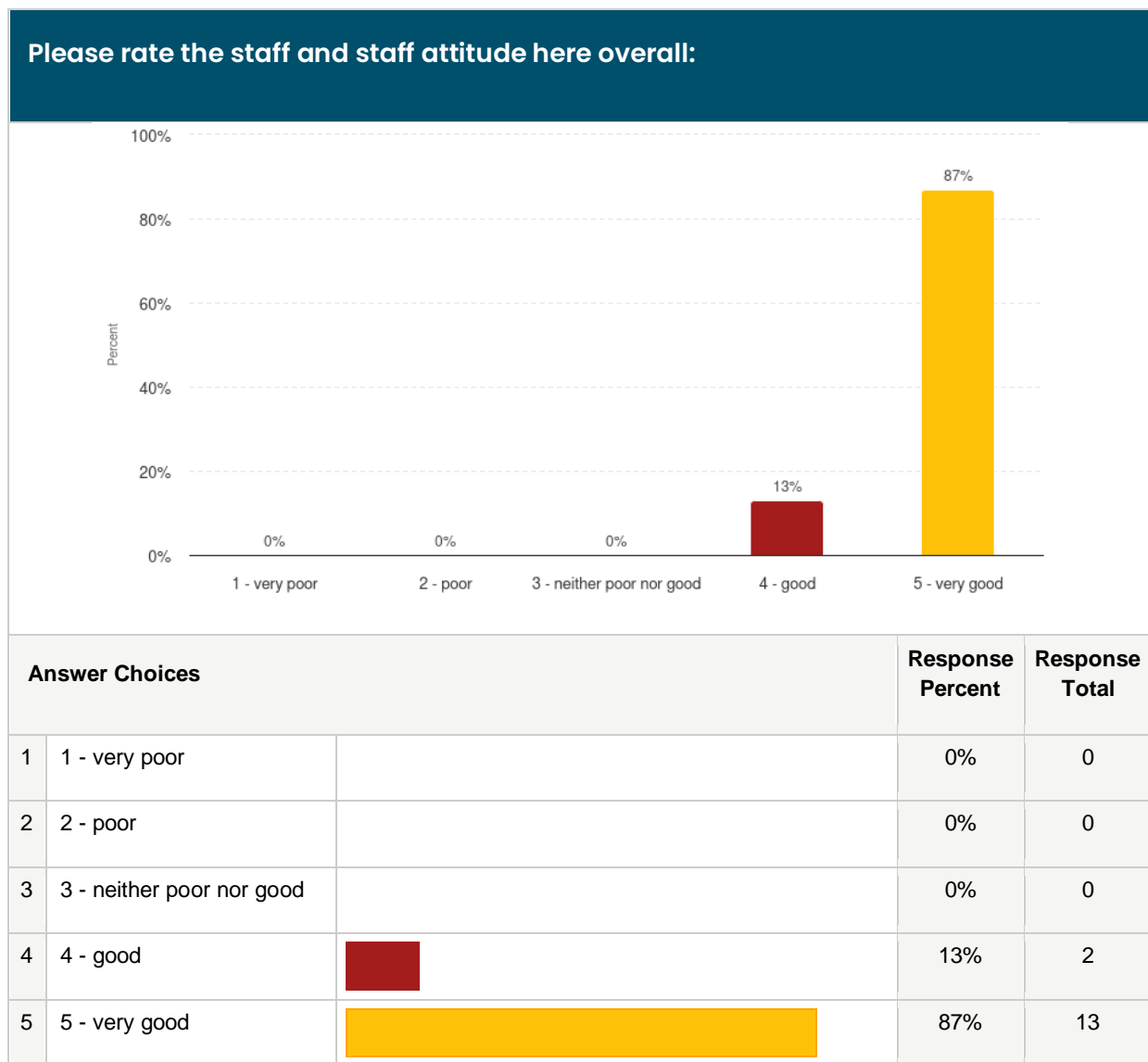
"I'd say 7!"

"No complaints, everybody is doing their best."

"They can't do everything here, they are human."

12) We asked: Please rate the staff and staff attitude here overall:

15 people responded, of whom 13 (87%) gave the staff a 5 Star rating. The other 2 people rated staff 4 Stars.



Additional comments were slightly more mixed than the star ratings might suggest.

“Some are only babies. One looks about 12 – but they’re great!”

“They’re very polite. Excellent.”

“Too much time on their mobile phones and doing their own thing.”

“Several are good, for some it is just a job. You can tell.”

13) We asked: Any other comments?

We had 7 responses. These were split between very positive comments

“When we said to my mum she’ll be going to a care home she asked if she could stay here. That tells you all.”

“They’re so friendly and caring. You shout ‘nurse’ and someone comes, there is always someone here.”

“I really like being here but I don’t want to live here! It’s the best hospital experience I’ve ever had.”

and suggestions for improvements.

“I’m bored. There’s no TV close enough. I can’t hear the TV as it’s too far away and everything is too loud.”

“My personal information is on display above me and I don’t like everyone being able to read it.”

“I wish I could listen to music, it helps me remember things.”

“I asked my husband to bring a fan in as it gets very hot here.” (Fan was working next to the bed).

Additional Comments

In the course of our visit, we made some general notes about the Reablement Assessment Hub, and the hospital environment more broadly.

- The morale of staff seemed high and we noticed displays of compliments and 'Thank You' cards on the wards which added to the positive atmosphere. We learned that staff members had taken it upon themselves to approach local businesses and charities for financial support and equipment. Charitable funds from the Trust had provided £5000 some of this was to be used for wheelchairs. Staff were also hoping to buy equipment including a gazebo for outdoor activities in bad weather and giant skittles.
- There is a Multi-Disciplinary Team (MDT) meeting every morning.
- Staff work with Social Services and day care services to ensure that suitable care packages are in place, and environmental visits are undertaken to their home environment (including care homes) prior to discharge.
- The number of available wheelchairs – and staff to operate them – is a significant issue and limits the number of patients who can be taken to participate in activities at any one time.
- Staff explained the Red, Silver and Gold Audit rankings on wards, and how frequently they are reassessed. We noted that Ward 2 had failed infection control one month but was 100% compliant the following month.
- We were informed that several patients with dementia had 'This is Me' care passports.
- We noticed that several patients had Deprivation of Liberty Safeguarding (DoLS) markers on the ward charts.
- Patients are asked to consider 4 questions every day:
 - Why am I in hospital?

- What will you do for me today?
- When can I go home?
- What is required for me to get home?

These help to ensure that they are kept up-to-date with their treatment and discharge plans.

- We noticed that some patients wore non-slip socks and were told that whilst this helps with reducing falls it can also indicate that patients were admitted without footwear.
- One of the Activity Co-Ordinators collects clothes and washes them as there are no laundry facilities – not even for bed linen and pyjamas/nighties – and some patients do not have family members who are able or on-hand to do this for them.
- On Ward 2 we met the Ward Manager and 2 Deputy Ward Managers. We also had a conversation with an Activities Co-Ordinator and a Health Care Assistant on Ward 2 who were very positive about the Hub and the impact it was having on patients. We spoke to fewer staff on Ward 7 but we were concerned about the terminology that one staff member used about a patient within the patient's hearing.

Following the initial feedback that we shared with staff on the day, we were assured that the Matron had shared our feedback about the "muddled" patient the same day and asked the Ward Manager to discuss the use of language with the team at Ward Meetings.

- We had a discussion with some staff about sources of information which may help them, patients and family members to find sources of support and activities following discharge, and we recommended the Live Well Directory and promised to forward further information about this. This has now been done².

² www.thelivewelldirectory.com

- We received some feedback that patients and family members sometimes saw staff spending time apparently texting or scrolling on their phones when they were on duty.

Following our visit we were informed that the Matron had spoken with staff about the use of mobile phones in patient areas and reminded them to explain to patients or family members if they were completing audits on their phones or using them for other work purposes, which they are expected to do in the course of their work.

- On Ward 2 there was a sign stating they had not had a hospital acquired pressure ulcer for 219 days. Ward 7 had had no pressure ulcers for 196 days. This was positive to see.
- Both Ward 2 and Ward 7 were quite poster-heavy on walls and could present an information overload to neurodivergent patients or those with learning disabilities, as could leaflets that were very densely worded.
- Information disclosed on boards in wards that shared personal info and preferences for everyone to see – this was a bit personal and allows easy access to all.
- The Mental Capacity decision making process on Ward 7 felt very clear and there were visual signs for staff to remind them, which was reassuring.
- 'Please call, don't fall' signs were displayed throughout to remind patients which was good to see.
- The Student notice board on Ward 7 showing different learning outcomes was good to see, and interesting to read.
- The Mental Capacity decision making process on Ward 7 felt very clear and there were visual signs for staff to remind them.

One of the Healthwatch Liverpool team members who visited was our lead officer for issues relating to **neurodivergent people and learning disabilities**. We therefore took particular notice of the Hub's environment from these perspectives. We noted that:

- The Autism and Learning Disability notice board in Ward 2 was outdated and featured resources dating from 2018, along with using outdated terminology like 'Asperger's' which is now not clinically used, as it falls within the broader Autism Spectrum Disorder (ASD) description.³ It was also mixed in with dementia information which was confusing and potentially misleading.

When this was brought to staff's attention the Asperger's information was removed promptly. We were told that additional notice boards had been ordered and that information would soon be displayed separately and be less confusing.

- Ward 7 did not have an LD/autism board.

We also noticed a number of **hygiene and infection control** issues throughout the hospital:

- We observed staff on Ward 2 cleaning the reception desks regularly.
- Doors to some side rooms on Ward 7 were wide open despite us being advised not to enter the rooms due to infection risk.
- We noticed that several hand gel dispensers around the hospital, especially around infection control areas, were empty and/or not working, and we reported this to staff at the end of the visit.

We were pleased to learn that Domestic Services responded immediately to our request about the hand gels and that re-filling the gel stations was prioritised straight away.

- Some main doors off corridors didn't have sanitiser stations.
- We didn't see any reminders about hand sanitising to help protect vulnerable patients.

³ www.autism.org.uk/advice-and-guidance/what-is-autism/the-history-of-autism/asperger-syndrome

- We noticed some staff sniffing and wiping their noses but not cleaning their hands.
- In the hospital's main Reception area only one dispenser had soap in the women's toilets.
- Several pedal bins in the hospital don't have access for anyone unable to use their foot.
- Several doors throughout the hospital had handprints and visible dirt.

Recommendations

Healthwatch Liverpool cannot guarantee that the feedback we received was representative of all patients at the Reablement Assessment Hub. However, the feedback we did receive was generally very positive about Wards 2 and 7, especially about the staff and the care and treatment received. Several patients highlighted that they found the Hub to be a more welcoming environment than the acute hospitals that they had been transferred from, with support more tailored to their individual needs.

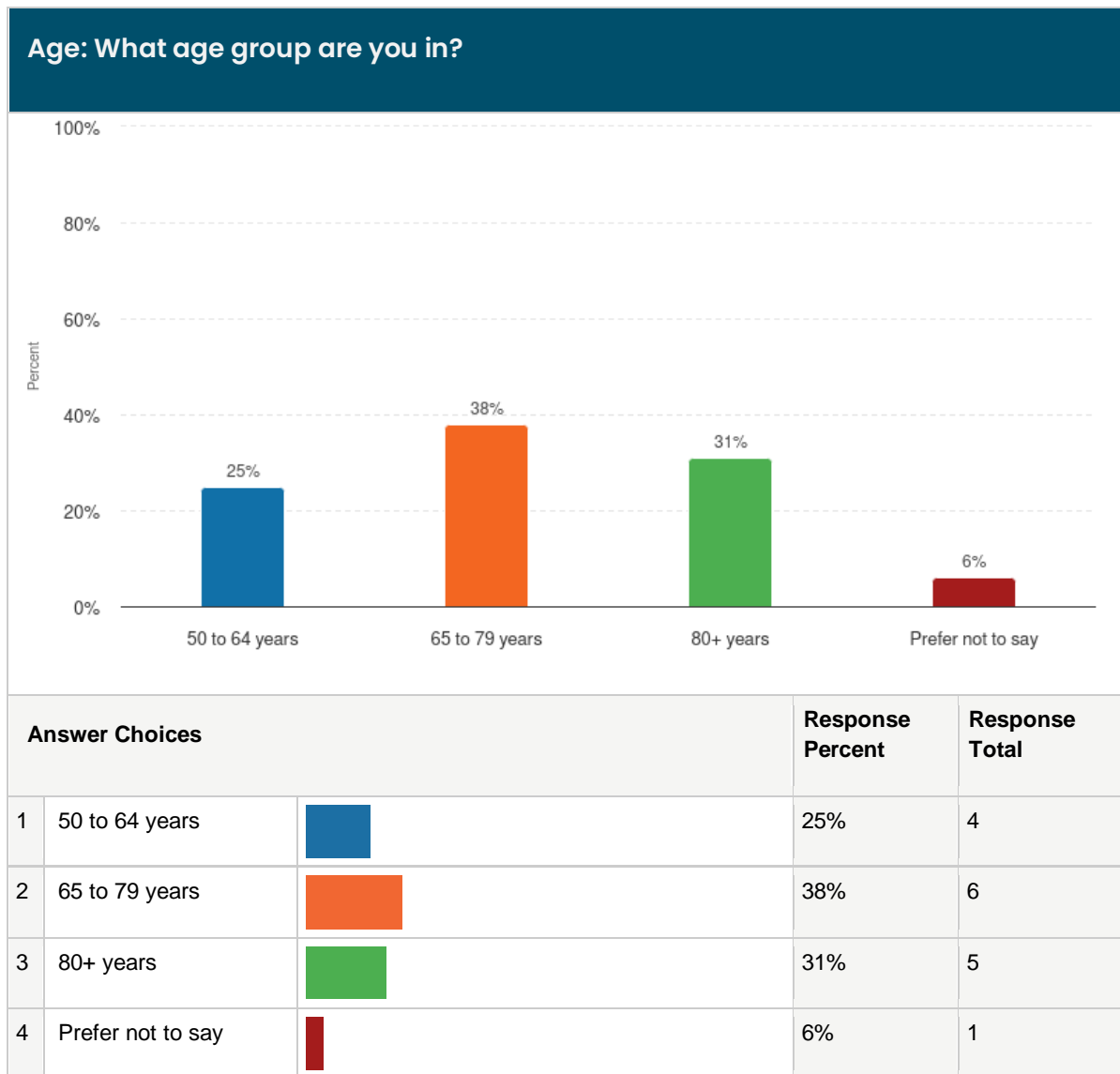
We noticed some areas for improvement too. These included hygiene and infection control, staff use of insensitive language, staff training on learning disabilities and neurodivergence, variety of food choices.

We shared a summary of feedback with staff on the day of our visit, and we have added recommendations below for consideration.

1. We would like to see more investment from core funding for equipment such as wheelchairs, so that more patients can be involved in activities at any one time.
2. This would also necessitate ongoing investment in staff to ensure sufficient numbers are available to provide individualised support to patients. We recognise that the Hub is a new service but we hope that staffing levels are being monitored to ensure that it remains properly resourced.
3. Items such as fans, reclining chairs and TVs in more accessible positions would also be welcome to increase patients' comfort.

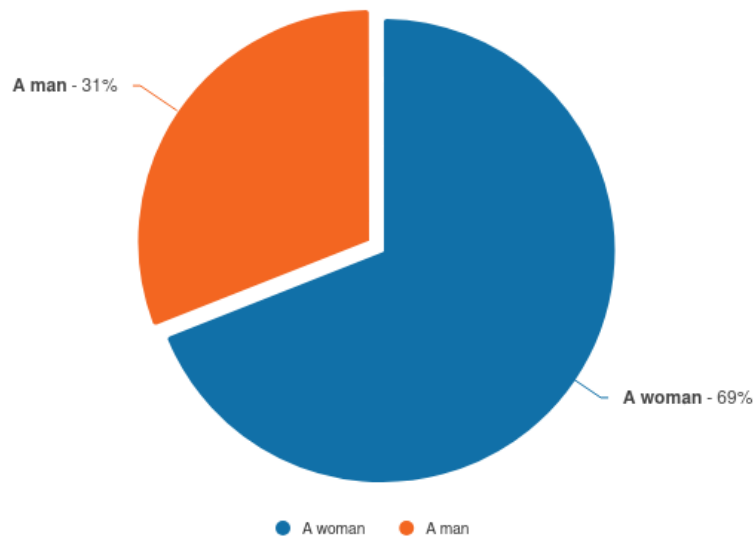
4. Whilst we were pleased to see activities opened up to patients from other wards, and opportunities for socialising available to all as a way to encourage reablement, we were concerned that a patient with a terminal condition had been placed on one of the Hub's wards. The patient's family felt this was inappropriate and insensitive to their family as well as to other patients. We would hope that this is not a regular occurrence.
5. We would be interested to know how patient are supported at night when disturbances occur, particularly when some patients' distress may impact on others.
6. We would be interested to know whether any learning from the Hub will be shared with The Royal and Aintree to help support patients prior to transfer, and to begin improving their experience as early as possible.
7. We would also be interested to know how patients are consulted about menu ideas and options and whether they are involved in suggesting menu adaptations.
8. Ensure all staff have been trained to have a good level of awareness of the needs of neurodivergent patients, patients with learning disabilities and all vulnerable patients so that they are treated with dignity at all times.
9. Continue to promote hand hygiene and infection control measures to staff, visitors and patients.
10. Keep information boards regularly updated e.g. neurodivergence and learning disability.

Who we spoke to



Where we know the age of the people we spoke to, they were all over 50 with the biggest cohort (38%) being aged 65–79, and just under a third (33%) being 80+. This is unsurprising given the focus of the Reablement Hub.


Gender: Are you...






Answer Choices			Response Percent	Response Total
1	A woman	<div style="width: 69%;"></div>	69%	11
2	A man	<div style="width: 31%;"></div>	31%	5

We spoke to approximately twice as many women as men. We are not clear whether this represents the demographics of the Reablement patients.

Nobody selected the 'Non-binary', 'Intersex', 'Prefer not to say' or 'Prefer to self-describe' options.

Gender Identity: Is your gender identity the same as your sex recorded at birth?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	16
2	No		0.00%	0
3	Prefer not to say		0.00%	0
4	Not known		0.00%	0

100% of the people who shared their gender identity said it was the same as that recorded at birth.

Sexual Orientation: What is your sexual orientation?				
Answer Choices			Response Percent	Response Total
1	Asexual		0.00%	0
2	Bisexual		0.00%	0
3	Gay man		0.00%	0
4	Heterosexual / Straight		87.50%	14
5	Lesbian / Gay woman		0.00%	0
6	Pansexual		0.00%	0
7	Prefer not to say		0.00%	0
8	Not known		6.25%	1
9	Prefer to self-describe (please specify):		6.25%	1

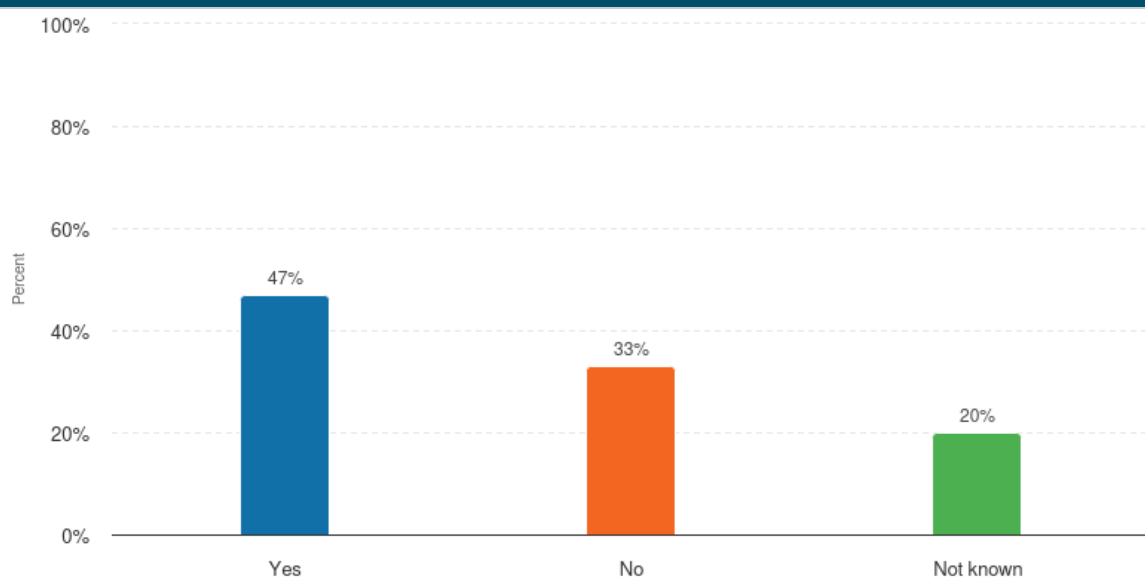
88% of people said they were heterosexual. One person (6%) self-described as “None at all”, which might also have been recorded as ‘Asexual’. One person (6%) did not share this information.

Ethnicity: How would you describe your ethnic group?				
Answer Choices			Response Percent	Response Total
1	Arab		0.00%	0
2	Asian / Asian British: Bangladeshi		0.00%	0
3	Asian / Asian British: Chinese		0.00%	0
4	Asian / Asian British: Indian		0.00%	0
5	Asian / Asian British: Pakistani		0.00%	0
6	Asian / Asian British: Any other Asian / Asian British background (please specify)		0.00%	0
7	Black / Black British: African		0.00%	0
8	Black / Black British: Caribbean		0.00%	0
9	Black / Black British: Any other Black / Black British background (please specify)		0.00%	0
10	Mixed / Multiple ethnic groups: Asian and White		0.00%	0
11	Mixed / Multiple ethnic groups: Black African and White		0.00%	0

Ethnicity: How would you describe your ethnic group?				
12	Mixed / Multiple ethnic groups: Black Caribbean and White		0.00%	0
13	Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify)		0.00%	0
14	White: British / English / Northern Irish / Scottish / Welsh		100.00%	15
15	White: Irish		0.00%	0
16	White: Gypsy, Traveller, or Irish Traveller		0.00%	0
17	White: Roma		0.00%	0
18	White: Any other White background (please specify)		0.00%	0
19	Any other ethnic group (please specify)		0.00%	0
20	Prefer not to say		0.00%	0
21	Not known		0.00%	0
22	Prefer to self-describe :		0.00%	0

100% of the 15 people who shared this information said they were 'White: British/English/Northern Irish/Scottish/Welsh'. It would be interesting to know whether this is representative of the patients who have been referred to the Reablement Hub and, if so, whether any monitoring has taken place of who is offered a referral and/or why people from other ethnicities are not taking up this opportunity.

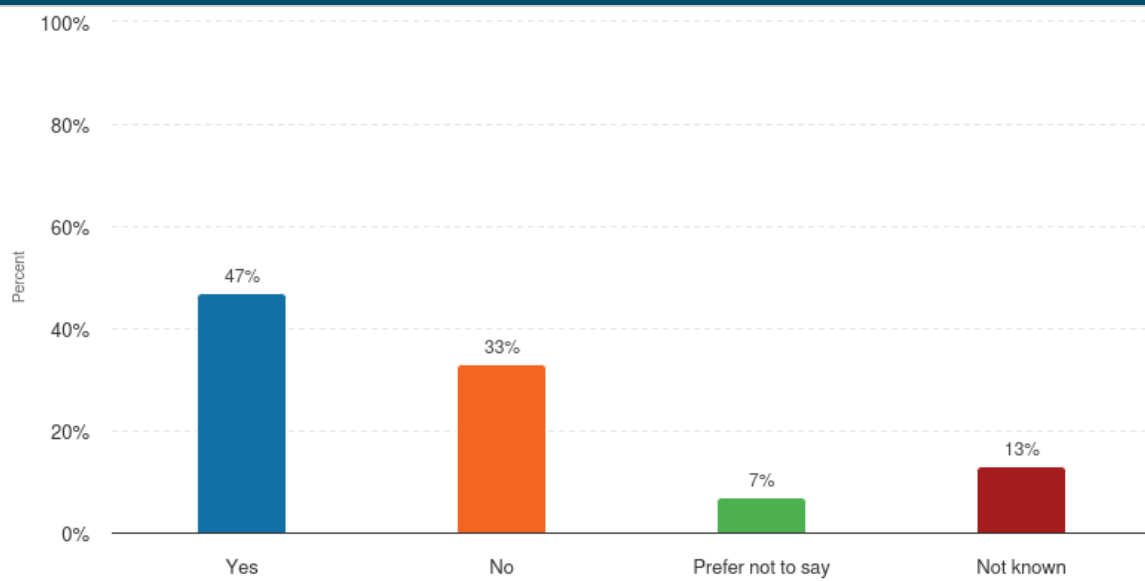
Disability: Do you have a disability?



Answer Choices			Response Percent	Response Total
1	Yes	<div></div>	47%	7
2	No	<div></div>	33%	5
3	Not known	<div></div>	20%	3

As might be anticipated with this patient cohort, almost half (47%) of the people who spoke to us said they had a disability.

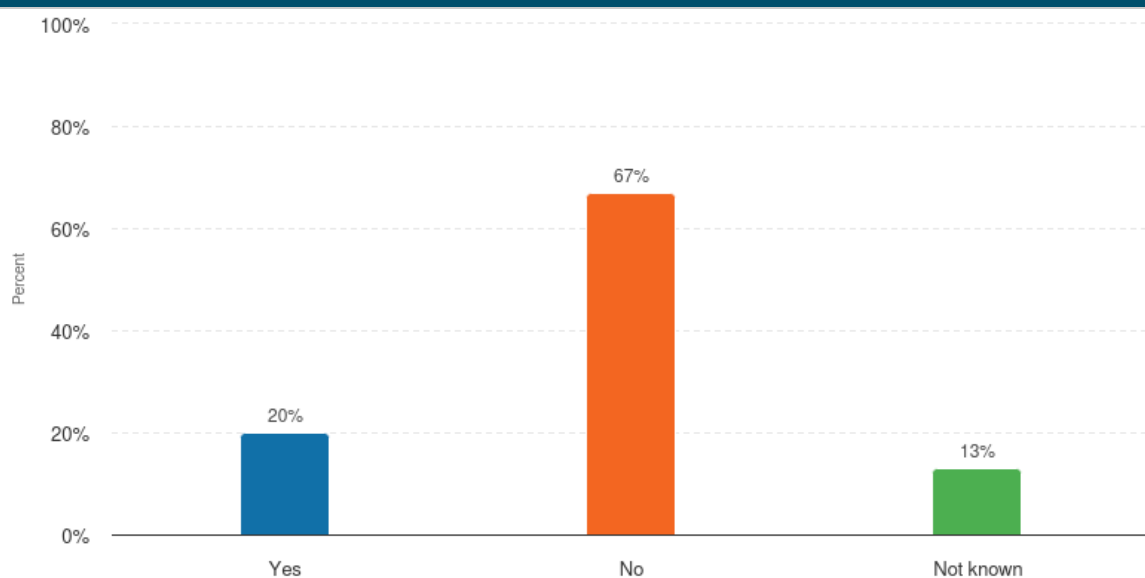
Long-term health condition: Do you have a long-term health condition?



Answer Choices			Response Percent	Response Total
1	Yes	<div></div>	47%	7
2	No	<div></div>	33%	5
3	Prefer not to say	<div></div>	7%	1
4	Not known	<div></div>	13%	2

The same number said they had a long-term health condition.

Caring responsibilities: Do you consider yourself to be a carer?



Answer Choices			Response Percent	Response Total
1	Yes		20%	3
2	No		67%	10
3	Not known		13%	2

A clear majority of respondents (67%) did not have caring responsibilities but a fifth (20%) did. It is not clear whether these included family members of the patients that we spoke to. However, it would be interesting to know how staff work with social services and other support services to ensure that patients' partners or other people that they may have caring responsibilities for are supported whilst the patients are in hospital, and following discharge.

Response from Broadgreen Hospital

Liverpool University Hospital NHS Foundation Trust – Broadgreen Hospital Response to Healthwatch Listening Event Report June 2024

	Theme - Recommendation	Response	Timeframe
1	We would like to see more investment from core funding for equipment such as wheelchairs, so that more patients can be involved in activities at any one time.	A charity bid was successful for the purchase 4 additional wheelchairs to support patient activities.	September 2024 In place
2.	This would also necessitate ongoing investment in staff to ensure sufficient numbers are available to provide individualised support to patients. We recognise that the Hub is a new service, but we hope that staffing levels are being monitored to ensure that it remains properly resourced.	<p>The nurse staffing establishment is monitored in line with Trust policies and the acuity of patients. In addition to site-based review, a Safe Staffing review is completed by the Corporate Nursing team on a 6-monthly basis and reports into the site Quality and Safety Group for assurance.</p> <p>The support for patient activities is provided by a multidisciplinary team which includes nursing staff, therapies, activity co-ordinators, reablement assistants and Health Care Assistants.</p> <p>A twice daily staffing huddle is held to review staffing in all wards and areas and appropriate moves made.</p>	September 2024 In place
3.	Items such as fans, reclining chairs and TVs in more accessible positions would also be welcome.	<p>Following the HW visit, fans have been purchased for every bay, side room and nurse station.</p> <p>With regards to TV's, a review of all areas is ongoing with consideration to the clinical area, most appropriate positioning and suitability of ward</p>	September 2024 In place

		<p>structure. Noting these considerations, the team have concluded that in some areas, the only option is to take the patient to the TV.</p> <p>Recliner chairs are not always the most appropriate for patients. Each patient is assessed, and the most appropriate chair is provided. A recent charity bid was successful and 50 chairs purchased.</p>	
4.	<p>Whilst we were pleased to see activities opened up to patients from other wards, and opportunities for socialising available to all as a way to encourage reablement, we were concerned that a patient with a terminal condition had been placed on one of the Hub wards. The patient's family felt this was inappropriate and insensitive to their family as well as to other patients. We would hope that this is not a regular occurrence.</p>	<p>End of life patients are not transferred to the Reablement Hub at Broadgreen however, should a patient's condition deteriorate to an end of life situation, they are likely to remain on the ward to ensure consistency of care and provide reassurance to the patient, having built up a relationship.</p> <p>Should a patient or family raise concerns about the ward environment during the end of life phase, every attempt would be made to resolve their concerns and provide individualised end of life care.</p> <p>All wards at Broadgreen Hospital have direct access to a range of support services including palliative care and bereavement care (SWAN Team). The Corporate Nursing team provide a 6-monthly basis report around end of care provision at Broadgreen Hospital and this reports into the site Quality and Safety Group for assurance.</p>	<p>September 2024</p> <p>In place</p>

5.	We would be interested to know how patients are supported at night when disturbances occur, particularly when some patients' distress may impact on others.	<p>A supply of ear plugs is available to soften any noise created by other patients and to limit disturbances.</p> <p>Staff are also available to provide reassurance to patients in distress and for patients concerned by patients in distress. Duty managers also visit wards regularly during the night shift. In addition, patients who require enhanced observations are discussed at the daily Safety Huddle to ensure adequate support is in place.</p> <p>Patient feedback is received through the Friends and Family Test and completion of Local Surveys which reports into the site Quality and Safety Group on a monthly basis.</p>	<p>September 2024</p> <p>In place</p>
6.	We would be interested to know whether any learning from the Hub will be shared with The Royal and Aintree to help support patients prior to transfer, and to begin improving their experience as early as possible.	<p>The initiative regarding the pull model is an NHS England project and has been supported throughout the test of change by NHS England. The model will be considered on other sites.</p> <p>Regular meetings to follow progress and lessons learned is ongoing. In January 2025, Aintree Hospital introduced the Aintree Reablement Hub working to a similar model to that at Broadgreen.</p>	<p>September 2024</p> <p>In place</p>
7.	We would also be interested to know how patients are consulted about menu ideas and options and whether they are involved in suggesting menu adaptations.	The Catering Team collect direct patient feedback from inpatients and make suggestions to the current providers of meals that are requested more frequently. The Catering Team also ensure food	<p>September 2024</p> <p>In place</p>

		<p>tasting sessions are held when there are menu changes.</p> <p>The Local Surveys collated by the Patient Experience Team and volunteers also asks about food quality and provision of special diets. The outcomes of the catering questions are shared at Nutrition and Hydration Meetings, with Catering Leads and the site Quality and Safety Group on a monthly basis.</p>	
8.	Ensure all staff have been trained to have a good level of awareness of the needs of neurodivergent patients, patients with learning disabilities and all vulnerable patients so that they are always treated with dignity.	<p>The Trust has signed up to the Oliver McGowan Mandatory Training on Learning Disability and Autism; staff compliance against mandatory training is monitored on a monthly basis at ward, division and site level.</p> <p>Staff, patients and families can access support from the Trust's Learning Disability Team with referrals to the team made via the electronic ICE system.</p>	<p>September 2024</p> <p>In place</p>
9.	Continue to promote hand hygiene and infection control measures to staff, visitors and patients.	<p>The Quarterly Infection Prevention and Control Group oversees all IPC activity across the site.</p> <p>A series of audits and spot checks are conducted each month with additional support put in place if this is an identified need.</p> <p>A robust cleaning standards framework is in place at Broadgreen and also reports into the Quarterly Infection Prevention and Control Group.</p>	<p>September 2024</p> <p>In place</p>

		<p>All members of the team are encouraged to challenge poor practice and the Trust's Uniform Policy is reinforced.</p> <p>The site launched 'Stop to Clean' in January 2025 to further raise the profile around Infection Prevention and Control.</p>	
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Acknowledgements

Thanks to everyone who took the time to share their stories, experiences, and information with us. Their contributions were anonymous, but very much appreciated.

About Healthwatch

Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch we also provide an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of this report in another format or language, please contact us and we will provide it.

August 2024