

Improving community intermediate care beds in Leeds

Patient and Public Involvement Report

Chris Bridle - August 2011

Executive summary

This document reports on the involvement activity used by NHS Leeds to shape the development of a new Community Intermediate Care beds service in Leeds.

The engagement process involved a wide range of stakeholders including patients, carers, the public and staff. Many of the people involved had experience the CIC bed service either as a patient or as a carer. The projects used different methods to involve stakeholders including questionnaires, focus groups and interviews.

All stakeholders were given information about the project and the future plans. There was also an opportunity to ask questions to staff involved in the delivery and commissioning of the CIC bed service.

There was a broad agreement that the service was a valuable tool in supporting patients regain their independence and the majority of people who have been involved in the CIC bed service were very happy with the standard of care they received. Issues that were raised in the involvement activities fell into 4 broad themes;

- 1. Care quality;**
- 2. Discharge;**
- 3. CIC bed location; and**
- 4. Communication.**

The quality of care appeared to be the most significant factor in people's experience of using CIC beds. Many of the patients and carers talked about the 'little things' that made a difference such as a welcoming atmosphere, privacy and good communication.

Problems on discharge from the hospital were identified by many as a significant problem. This issue caused confusion, fear and sometimes led to patients and carers being unprepared for the return home.

The location of existing and future CIC beds was another significant issue identified by patients and carers. There was general agreement that the location of CIC beds was an important factor in patient and carer experience. It was argued by many that CIC beds should be located within easy reach of most areas of the city and that good parking and comprehensive public transport links should be a priority in future planning. The majority of patients and carers consider having a choice of location as important, although there appeared to be a feeling that quality of care superseded this.

As with all health and social care services, good communication was seen as a vital aspect of care. Patients and carers wanted to be involved at every stage of the process and in care planning. Patients also asked for clear and concise resources to support them in making choices.

As part of the involvement process all those involved in the focus group and interviews were given an opportunity to comment on the final draft of this report.

The full report follows.

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2. Introduction

Community intermediate care (CIC) beds in Leeds are currently provided in nursing or residential homes across the city and in V-ward at Seacroft Hospital. The beds provide a specific short-term service for people who need additional support for health-related needs upon discharge.

The CIC bed initiative forms part of the Intermediate Tier Strategy. The strategy was developed through wide stakeholder consultation including an event in 2008 attended by older peoples groups. Patients took part in service reviews of intermediate tier care services during 2009. Older people also attended a stakeholder event in February 2009 held for Intermediate Care Bed development and at the Disabled People and Older Peoples Reference Groups. The project has been discussed regularly over the last three years.

After three years of discussion with patients, their relatives and carers, older people's groups and people delivering the service, a new model of service delivery has been agreed. The newly remodelled CIC bed service will continue to provide a similar level of beds but concentrated across fewer locations across the city.

The changes are being made for a number of reasons:

- To increase the patients' chances of a successful return home.
- To provide a more consistent service with improved patient care.
- To ensure that all patients using the service across Leeds get the same high quality care.
- To reduce the amount of travel time that staff need to spend between CIC bed providers providing more time for patient care.
- To reduce the chances of patients being re-admitted to hospital at a later date.

3. Initial Consultation

In late 2010 NHS Leeds distributed 1500 questionnaires (appendix a) to find out what patients and carers thought of the changes they were planning to make to their CIC bed service. The questionnaires were sent to key stakeholders including; GPs, local councillors, MPs, local VCFS organisations, the Older Peoples and Disability Reference Groups and Practice Based Commissioning Consortia. The consultation documents were also sent to patients and carers using a variety of older people services (see appendix b). The results of the questionnaire can be found in appendix c.

4. NHS Leeds PPI Network Focus Group

Following the consultation, NHS Leeds chose to conduct further engagement to further seek the views of patients and carers regarding the CIC bed service changes.

NHS Leeds used the Patient Carer and Public Involvement Network to contact patients and carers with an interest in older people and long term conditions. They were able to recruit 11 patients and carers to a focus group exploring the people's view on the CIC bed service changes.

a. Session aims

The focus group was run by staff from The PPI Team, Strategy and Commissioning and Leeds Community Healthcare's Adult services. The session had the following aims:

- **To give people more information about the service and the changes we are making**
- **To give people an opportunity to tell us what aspects of care they would like to see in the new service**
- **To give people the opportunity to tell us what they think about the changes we are making.**

b. Q and A

Following an introduction and housekeeping the service development manager of the CIC bed team briefed the group on the role and purpose of the service. During the session a number of questions were asked:

Question	Response
Why are there more people needing CIC beds?	Because people are living for longer with more serious conditions
What is the impact of changes in our social structure?	Over the last few decades people are increasing living away from other members of their family. This move away from localism places more responsibility on public services. The increase in older people means that patients often have elderly carers who sometimes struggle to cope.
How do you meet the needs of dementia patients?	We have 15 CIC beds dedicated to dementia patients. We understand that dementia patients have a range of additional support needs.
Are community matrons involved?	Yes. Our community matrons focus on people with chronic long-term conditions
Are there any age criteria?	Most people using CIC beds are older but age is not the determining factor, rather the needs of the individual.
How long can people stay in a CIC bed?	As long as they need to be in a CIC bed. The average length of stay, however, is 25 days.

c. Groupwork

Following the Q and A the forum was split into three groups and asked to fill in an 'H form'.

Group 1

Barriers	Returning home after hospital	Benefits
<p>Services that are disjointed Fear of the unknown Problems with referrals</p> <p>Sometimes people are unaware of what their needs are and what support is out there.</p> <p>Pride of the patient Worry of having multiple assessments</p>	<p>After hospital, services are not informed, educated home ready for self-care. Patients need to be checked upon returning home. Discharged.</p> <p>Unawareness of the medical situation of patients/careers</p> <p>care wife care care wife care care wife care</p> <p>Better information for patients and their carers as they can approach the care of others for assessment</p> <p>Me self care Arise</p>	<p>Chances of people recovering to the best of their ability would be increased and even if not, the fears presented by hospital discharge of having a more joined up package of care, 'I feel safe and secure' (CIC) and 'no longer feverish' (GP). Last working time to see the different professionals more support. Safe environment. People keen to protect assets - home.</p>

Group 2

Barriers	Returning home after hospital	Benefits
<p>Lack of mobility - appetite - support (may think OK alone)</p> <p>cost</p> <p>fear of being alone medication (may forget to take)</p> <p>fear of not being allowed home again</p> <p>People keen to protect assets - home</p>	<p>Maximum support with greater on hand. All relevant agencies to be informed, e.g. hospital transferred, e.g. home transferred.</p> <p>Information</p> <p>Give notice to all agencies (3 days notice minimum)</p> <p>Notice to GP Regular reviews Domestic bring for staff</p> <p>for family or convenient time CIC bed situation each city area need not be, easily accessible public transport</p>	<p>Patients - not get infections. Independence back. Can eat & drink on desired flexibility. Watch own TV progs. Visitors not restricted back to normality.</p> <p>Greater involvement in evening visiting, phone contacts, 2 ways, consultation on venue.</p>

Group 3

Barriers	Returning home after hospital	Benefits
<p>Not enough beds or staff</p> <p>Revolving door - back in hospital</p> <p>Refuse to go home until full care package guaranteed</p> <p>Not enough CIC beds</p>	<p>Take care, make sure 3 assessments</p> <p>People need to be assessed and supported</p> <p>Not enough beds or staff</p> <p>Greater involvement in evening visiting, phone contacts, 2 ways, consultation on venue.</p>	<p>People keen to protect assets - home</p>

The H form addressed the following aspects of CIC beds:

What are the barriers to a successful return home after hospital?

Group 1	<ul style="list-style-type: none"> • Services that are disjointed • Fear of the unknown • Problems with referrals • Sometimes people are unaware of what their needs are and what support is out there • Pride of the patients • Worry of having multiple assessments
Group 2	<ul style="list-style-type: none"> • Lack of mobility, appetite and support (may think OK alone) • Cost • Fear of being alone • Medication (may forget to take) • Fear of not being allowed home again • People keen to protect assets – home
Group 3	<ul style="list-style-type: none"> • Risk that people go home too early • Revolving door – back in hospital • Refuse to go home until full care package guaranteed • Not enough CIC beds

What are the benefits of a successful return home from hospital?

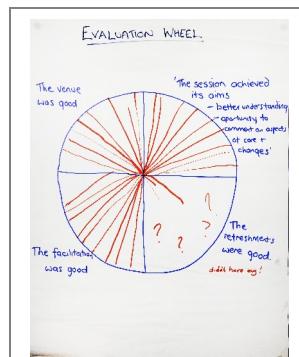
Group 1	<ul style="list-style-type: none"> • Chances of people recovering to the best of their ability would be increased • Cost effective • Prevention of the fears associated with hospital • Chances of having a more joined up package with only one assessment! (if not, maybe fewer) • Less waiting time to see the different professionals • More support • Safe environment • Feel more in the community – less likely to infringe on mental health • May prevent more costly interventions/care later. If someone is weak may prevent fall and breaks which are costly in terms of surgery and is upsetting to the patient • People feel happier in a less sterile and over-large environment often in a place close to family and friends
Group 2	<ul style="list-style-type: none"> • Patients – not get infections • Independence back • Can eat and drink on demand • Flexibility • Watch own TV programmes • Visitors not restricted • Back to normality
Group 3	<ul style="list-style-type: none"> • Keeps you out of hospital • Greater accountability – not a tick box exercise • Takes on the role of the old convalescent home

What do we need to do to ensure a successful return home from hospital?

Group 1	<ul style="list-style-type: none"> • Should be an informed, educated home ready for their return • Once home patients need to be checked upon periodically even though discharged • Ask patients if they feel they can cope going straight home before discharge • Ask relatives/carers how they feel • Understanding of the emotional situation of patients and carers • If more beds are needed people could pay for the beds using their direct payments where possible – it may mean more people get this type of help. • Coordinated care plan to include patients, carers and professionals • Better information for patients and carers as to their options so they can approach the GP or other for a referral • Encourage hospital staff to help plan discharge more – giving them all the detail of how to refer and how long it takes so it can be inbuilt in their plans. Emphasis on training and them 'seeing' what a big difference it can make to physical and mental welfare • Maybe patients and carers can visit before admitting to alleviate fear etc. Arrange referrers to visit. • Would be good if people have a choice in location of the bed
Group 2	<ul style="list-style-type: none"> • Maximum support with 'greeter' on hand • All relevant agencies to have been informed e.g. food in house • Information pack • Give notice to all agencies (3 days notice minimum) • Notice to GP • Regular reviews for family at convenient times • Dementia training for staff • CIC beds situation in each city area – need not be evenly sit. • Accessible public transport to CIC beds • CIC beds to have all medical services e.g. GP district nurse
Group 3	<ul style="list-style-type: none"> • Greater cooperation of health and social services • Risk assessment before they go home • Concern access to services – should not be dominated by middle class • GP's need better training especially in awareness of services available • Ensure high standards of care were CIC beds are delivered

d. Evaluation

A simple evaluation of the focus group took place at the end of the session (see photo below).



5. Leeds Involving People Project – Older People's Reference Group

As part of the additional consultations, NHS Leeds visited the Older People's Reference group at Leeds Involvement Project. The group received a presentation including a case study example and then were given the opportunity to ask questions and give their feedback on the consultation.

Question/comment	Response
Why didn't the person in the case study stay at home?	They were afraid to be alone at night due to exacerbation of respiratory problem so a temporary CIC bed was used
We should take into consideration that no two people have the same requirements – need to be human and look at their needs individually	
Beds should be comfortable to prevent people getting bedsores	
Need to avoid institutionalisation as many care homes tend to make people institutionalised	This is why we want more NHS staff input to CIC beds – we don't want people to become part of a care home institution
One group member visited CIC patients in two different homes. The CIC patients were separate to the rest of the home, so didn't have the same social opportunities	Separation of ICT beds from rest of the home has been encouraged for above reasons – however, need to ensure social opportunities/contact are offered – need to strike a balance
One group member had previously been involved in the CIC bed service reviews and said that some CIC patients had opted to stay in their rooms especially if they had regular visitors	
Need to think about the location of the units in terms of public transport access and parking for visitors	
Units need to be as spread out as possible across the city	
Need to strike a balance between providing a medical setting but making it over institutional	
Low levels of BME patients in intermediate care services so need providers with an understanding of cultural needs including	

language and religion	
One group member spoke about a personal experience of a bad hospital discharge. He said communication and information were key as when he went home he didn't know whether he was going to be left alone to cope. He said this was a very frightening experience. He said that if this anxiety was not addressed it could be psychologically damaging.	
What if people need to stay longer in a CIC bed than a few weeks?	There is no minimum or maximum time as the assessment is based on individual needs so some people do stay in a CIC bed for longer. The average is 3-4 weeks
Do people get a choice of CIC bed?	We endeavour to offer choice if possible but in reality there is such high demand on CIC beds that it is a question of identifying the next available bed
Will there be more beds in future?	It is possible. Population growth may require this but we also need to ensure that we can support as many people in their own homes as is appropriate

6. Interviews

It was agreed that patients and carers who had recently used the CIC bed service would be in a position to give valuable feedback. The five intermediate care teams were asked to recruit two patients each to be involved in interviews about the service.

Of those ten people who were contacted, four were willing and able to be interviewed about their experience of using the CIC bed service. At each interview patients asked for their carer to be present. The involvement of the carer provided additional and welcome breadth to the involvement process.

The interviews took place in the patient's own home using a participatory appraisal 'time line' method to facilitate discussion.

7. Key themes and recommendations

1. Care quality

Patients and carers were generally very satisfied with the quality of the care they received in the CIC beds. However, it was clear that people had experienced varying standards of care depending on which location they stayed at. Feedback suggested that patients and carers evaluated the quality of the care they received based on a common set of standards. These care standards included, but were not restricted to:

- independence and privacy;
- staff attitude;
- communication and involvement; and
- access

RECOMMENDATIONS	Ensure CIC bed service providers are accountable to patients Ensure that patients are clear about their rights and responsibilities Provide adequate opportunity for patients to feedback compliments and complaints
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2. Discharge planning

The majority of patients and carers commented on the importance of carefully planned discharge from acute and community services. People gave a clear indication of how they thought this aspect of the service could be improved.

RECOMMENDATIONS	Ensure that patients, carers and other stakeholders (such as meals on wheels) are involved in discharge planning Ensure that community staff and GP are aware of discharge Ensure discharge is risk assessed Consider the benefits of informing stakeholders prior to day of discharge Provide patients and carers with adequate information. In the case of discharge to a CIC bed, consider the benefits of providing the patient and carer with: <ul style="list-style-type: none">• information on location, public transport etc• access to a 'greeter' on arrival• visit to the CIC bed prior to referral
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3. CIC bed location

The location of existing and future CIC beds was one of the most discussed aspects of the consultation. People felt that they should be able to choose which CIC bed they were assigned to. There was a strong feeling amongst participants that the location of the three CIC bed centres would make or break the service. People generally wanted CIC beds to be located as accessible as possible to their home and felt that the services should be evenly spread across the city. Patients and carers also felt that CIC beds should be served by good public transport links.

RECOMMENDATIONS	CIC beds should ideally be located in a place well served by public transport CIC beds should be evenly spread across the city
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4. Communication

Communication between staff, patients and carers was seen as essential in the provision of quality care. A number of patients gave examples of when communication had broken down and this usually had a detrimental effect on people's experience of care. These breakdowns appear to have happened internally (between staff) and between staff and patients. On occasions, internal process caused unnecessary delays. However, the majority of concerns arose from a lack of patient/carer involvement or the lack of adequate information.

RECOMMENDATIONS	Consider ongoing evaluation of structures and processes
	Ensure that patients and carers are involved throughout the process – including all care and discharge planning
	Provide all patients and carers with up-to-date, concise and clear information before referral and discharge
	Provide patients and carers with information and/or mechanisms as to how to feedback compliments, concerns and comments about the service

5. Feedback

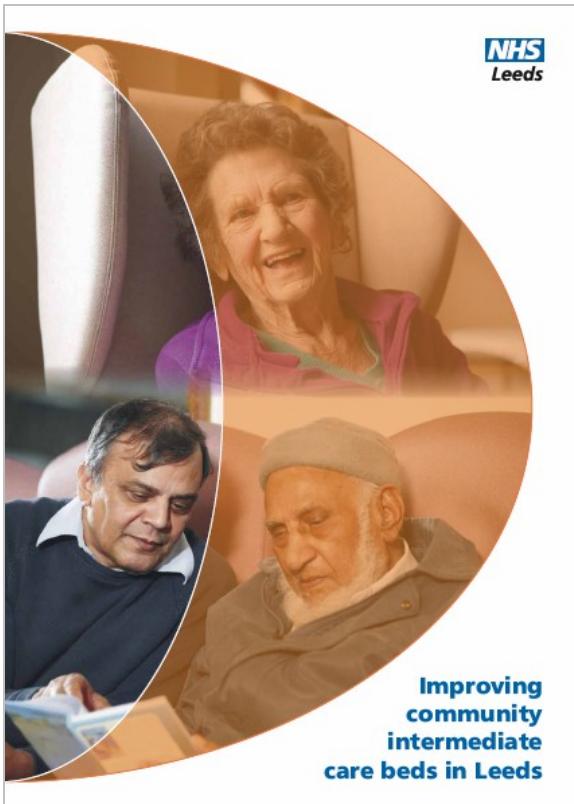
Verification of patient information is an important part of patient involvement. This process of checking allows NHS Leeds to ensure that the report accurately reflects the thoughts and feelings of those involved.

RECOMMENDATIONS	Send a draft report to all people involved in the focus group and interviews.*
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*Version 3.0 FINAL of this document was sent by post to all those involved in the focus group and interviews for comment. The replies are included in appendix F on page 37.

8.Appendices

Appendix A: Initial questionnaire



**NHS
Leeds**

**Improving
community
intermediate
care beds in Leeds**

Introduction

We are looking for your views on the changes we are planning to make in our community intermediate care beds service. These changes are really important for patients as they will help us to improve the care patients get and make sure they are treated in the right place.

What is community intermediate care?

Community intermediate care (CIC) beds in Leeds are currently provided in V ward at Seacroft Hospital, or in a nursing or residential home. The beds provide a specific short-term service for people who need additional support for health-related needs.

The service can help to get people out of hospital more quickly when they are well enough to leave but not independent enough to return home. The service also supports people by helping them receive their treatment in the most appropriate place, which may not be in hospital.

The length of time people stay in a CIC bed can vary from a few days to a few weeks depending on their specific needs although every effort is made to get people home as soon as they are well enough to leave.

What care is provided there?

The level of care provided in CIC bed services is based on an assessment of the needs of individual patients. Intermediate care teams, made up of health care professionals including nurses, physiotherapists and occupational therapists, also play an important role. They visit to assess patients' needs and help them to become more mobile and independent.

How are CIC beds currently provided?

Currently, CIC beds are provided in a number of different settings across Leeds. In total there are up to 131 CIC beds available in Leeds. There are:

- 24 beds on V ward at Seacroft Hospital;
- 59-72 beds in independent sector nursing homes (between seven and 12 homes depending on demand for the service);
- 30 beds in local authority residential homes (six homes); and
- Five beds on the Extra Care Scheme (in one location).

How will the new CIC beds service be delivered?

After nearly two years of discussion with patients, their relatives and carers, older people's groups and people delivering the service a new model of service delivery has been agreed. CIC beds will now be provided in the following ways in the future:

- Three dedicated community intermediate care units will be developed, each with around 30 beds and in three different locations across the city;
- A further 30 beds will continue to be provided in local authority residential homes; and
- Five more beds will continue to be provided on the Extra Care Scheme.

A small proportion of additional beds in independent (private) nursing and care homes could also be used when there is extra demand on the service.

Will there be the same number of beds?
Yes. There are currently up to 131 beds within the CIC beds service. The newly remodelled service can provide the same number of beds but in fewer locations across the city.

Why are we making these changes?
We are making these changes for a number of reasons.

- It is recognised that the kind of supportive care that helps people return to living independently is best provided in community locations and away from hospital settings. The new facilities will ensure all CIC beds in Leeds are provided away from hospital settings and increase patients' chances of a successful return home.
- Reducing the number of locations where CIC beds are provided will reduce the variation in the quality of care across the city. This is based on feedback from patients and their relatives and means that in future, all CIC bed patients will receive the same level of high quality care.
- Intermediate care teams currently working in the community spend a lot of time travelling between the many various nursing homes where CIC beds are provided. Developing three dedicated CIC bed facilities will reduce the amount of time health staff spend travelling. It will also free up more time to spend with patients in the new facilities and patients who receive intermediate care in their own homes.

What will the changes mean for patients and their relatives and carers?
The new CIC bed service model will:

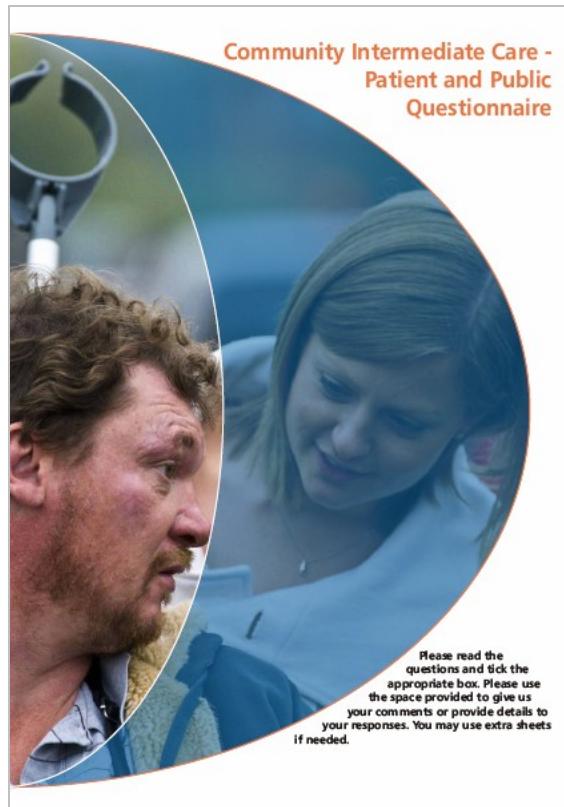
- Provide a more consistent service and improve the care that patients receive;
- Ensure that all patients using the service across Leeds get the same high quality care;
- Improve patients' chances of a successful return home by providing care in more appropriate, accessible settings; and
- Reduce the likelihood of patients being readmitted to hospital at a later date.

The changes may mean that some relatives and carers need to travel further to visit people in a CIC bed unit. This is because there will be fewer locations although the facilities provided at them will be better.

Where will the community intermediate care facilities be located?
We do not have any definite locations for the new facilities as yet but we are looking at options which are evenly spread across Leeds. We will aim to ensure that the new sites have good public transport links and are located near main roads to make it easier for relatives and carers to visit.

Information from this survey, along with input from older people's representatives will be used to ensure that the views of patients and relatives, friends or carers are taken into consideration when choosing the new locations.

When will the new CIC beds model be introduced?
We will not have any exact dates for the new CIC beds model until we have agreed some suitable locations for the new facilities. However, we aim to have two of the new units running by late 2011 and the third in place by the end of 2012.



**Community Intermediate Care -
Patient and Public
Questionnaire**

Please read the questions and tick the appropriate box. Please use the space provided to give us your comments or provide details to your responses. You may use extra sheets if needed.

Section 1: For everyone

1.1. Are you a:

Patient
 Carer or relative
 Member of the public
 Health/social care worker
 Other (please state) _____

The information we have supplied in this document explains our plans to change the way community intermediate care bed services are provided in Leeds.

1.2. What do you think of our plan?

We'd like to know whether you agree or disagree with our proposals to change the way CIC beds will be provided. Please tick the box which best describes the way you feel about our plans.

Strongly disagree Disagree Don't know Agree Strongly agree

Please provide comments: _____

1.3. Do you feel that having a choice of location is important for this type of service?

Yes
 No
 Unsure

1.4. What do you think are the most important factors we should consider when deciding where to have the new facilities? Please number your choices, with "1" being the most important and "6 or 7" being the least important.

High quality care
 Modern environment/buildings
 Good car parking facilities
 Local shops and other amenities
 On a good public transport route
 Services equally spread across Leeds
 Other (please state) _____

1.5. Do you have any other comments about the plans?

Section 2: For patients

2.6. Were you offered a choice of location for your care?

Yes
 No
 Unsure

2.7. Please tell us what you thought about: Very poor Poor OK Good Very good

Your experience of being admitted to a CIC bed
 The facilities at the place you were cared for
 The buildings and environment
 Communication with the staff caring for you
 Your experience of being discharged from the CIC bed service

Please provide comments: _____

2.8. Did you feel that you were treated with dignity and respect?

Yes
 Sometimes, but not always
 No
 Unsure

2.9. If you answered "sometimes" or "no", please explain how you think your experience could have been improved:

2.10. Is there anything else you would like to tell us about your experience?

Section 2: For patients

Please complete this section if you are, or previously have been, a CIC bed patient. If you have not been a patient please go to section three.

2.1. When did you last use the service?

In the last month
 In the last three months
 In the last six months
 In the last year
 Two years ago
 More than two years ago
 Can't remember

2.2. Where did you use the service?

V ward at Seacroft Hospital
 In a private nursing or residential care home
 In a local authority-run nursing or residential care home
 Extra care (supported flats at Yew Tree Court, Moortown)
 Unsure/ can't remember

The purpose of a CIC bed service is to support people to go back to being independent. This is very different from the type of nursing care that people get when they are an inpatient in hospital.

2.3. Was it explained to you why you were treated in a CIC bed rather than a hospital bed?

Yes
 No
 Unsure

2.4. Were you given enough information to help you understand the support you were going to receive?

Yes
 Some information but not enough
 No
 Unsure

2.5. Did you feel you received the support you needed to be more active and independent?

Yes
 Some support but not enough
 No
 Unsure

Please provide comments: _____

Section 3: For carers, relatives and friends

The following questions are aimed at anyone who currently cares for, or has previously cared for, someone that has used the CIC bed service. You could be a friend, relative or paid or unpaid carer. If you are not a carer please go to section 4.

3.1. Are you a carer, family member or friend of someone who has used the CIC bed service?

Friend
 Relative
 Unpaid carer
 Paid carer
 Other (please state) _____

3.2. If yes, when did they most recently use the service?

Currently using service
 In the last month
 In the last three months
 In the last six months
 In the last year
 Two years ago
 More than two years ago
 Can't remember

3.3. Has your friend, relative or the person you care for used the CIC bed service before?

No, this was their first time
 Yes, once before
 Yes, two or more times before
 Unsure

3.4. Was your friend, relative or the person you care for admitted to a CIC bed from:

A hospital bed
 Their own home
 A private nursing or residential care home
 A local authority residential care home
 Unsure

3.5. Was it explained to you why the person was admitted to a CIC bed rather than a hospital bed?

Yes
 No
 Unsure

3.6. Did you feel the person you care for received the support they needed to be more active and independent?

Yes
 Some support but not enough
 No
 Unsure

Please provide comments: _____

2.3. Was it explained to you why you were treated in a CIC bed rather than a hospital bed?

Yes
 No
 Unsure

2.4. Were you given enough information to help you understand the support you were going to receive?

Yes
 Some information but not enough
 No
 Unsure

2.5. Did you feel you received the support you needed to be more active and independent?

Yes
 Some support but not enough
 No
 Unsure

Please provide comments: _____

Section 3: For carers, relatives and friends

3.7 Was a choice of location offered before your friend, relative or person you care for was admitted to a CIC bed?

Yes
No
Unsure

3.8 What do you think is an acceptable distance to travel for a CIC bed service?

up to 5 miles
5 to 10 miles
Over 10 miles
No particular preference

3.9 How would you prefer to travel to visit someone in a CIC bed?

Public transport
Walk
Car (driving)
Car (passenger)
Cycle
Taxi
Other (please state)

3.10 Please tell us what you thought about: The process to admit your friend or relative to a CIC bed

	Very poor	Poor	OK	Good	Very good
The facilities at the place they were cared for	<input type="checkbox"/>				
The buildings and environment	<input type="checkbox"/>				
Staff communication with the patient	<input type="checkbox"/>				
Staff communication with you	<input type="checkbox"/>				
The process to discharge your friend or relative from a CIC bed	<input type="checkbox"/>				

3.11 Was your friend, relative or the person you care for treated with dignity and respect?

Yes
Sometimes but not always
No
Unsure

3.12 Did you feel that the staff listened to your views and concerns?

Yes
Sometimes but not always
No
Unsure

3.13 If you answered "sometimes" or "no", please explain how you think your experience could have been improved: _____

Section 4: For everyone

We are always trying to improve how we share information with people.

How did you find out about this consultation?

By post:
At a CIC bed facility
From intermediate care team
GP surgery
Pharmacy
Health centre/clinic
Minor injury unit / walk-in centre
PALS
Other (please state)

Community or voluntary group
Supermarket or shopping centre
NHS Leeds internet site
Facebook
In the paper or on the news
Relative
Friend
Carer

Would you like to be kept informed about the outcomes of this consultation?

Yes
No

If yes, how would you prefer to receive information?

By email
By post

Please provide an email or postal address.

Name _____

Address _____

Postcode _____

Email _____

Sending us your comments

Please return this form, free of charge, to:

CIC Beds Consultation
NHS Leeds
Freepost RLSJ-BXBH-HZRL
North West House
Leeds
LS16 6QG

The closing date
for all consultation
responses is:
Friday 11 February
2011

Equality Monitoring Form

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services include everyone's needs.

The information you provide will be kept confidential.

We will use your answers to pull together statistical information that we will use to check the fairness of any services you receive. This information will only be used in relation to community pharmacy services.

You do not have to answer these questions. If you choose not to answer these questions, it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

Gender:

Male Female

Do you consider yourself to be disabled?

Yes No

Type of impairment:

Physical impairment
(such as using a wheelchair to get around and / or difficulty using their arms)

Sensory impairment

(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

Mental health condition

(such as depression or schizophrenia)

Learning disability

(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head injury)

Long-standing illness or health condition

(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Ethnic origin:
Please tick the appropriate box to indicate your ethnic background:

White:
 British
 Irish
 Other White background
(please specify) _____

Dual ethnicity:

White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed background
(please specify) _____

Asian or Asian British:

Indian
 Pakistani
 Bangladeshi
 Other Asian background
(please specify) _____

Black or Black British:

Caribbean
 African
 Other Black background
(please specify) _____

Other ethnic groups:

Chinese
 Gypsy Traveller
 Any other background (please specify) _____

Sending us your comments

Please return this form, free of charge, to:

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NHS Leeds
Freepost RLSJ-BXBH-HZRL
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Appendix B: Distribution list of the initial questionnaires

- Bramley & Rodley Community Action
- Older People (Belle Isle Pensioners' Association)
- Action For Gipton Elderly (AGE) (NNS)
- Aireborough Voluntary Services to the Elderly with Disabilities (NNS)
- Armley Helping Hands (NNS)
- Bramley Elderly Action (NNS)
- Burmantofts Senior Action (NNS)
- Caring Together In Woodhouse And Little London (NNS)
- Community Action For Roundhay Elderly (CARE) (NNS)
- Crossgates & District Good Neighbours Scheme (NNS)
- Farsley Live at Home Scheme (NNS)
- Garforth NET
- Halton Moor & Osmondthorpe Project For Elders (NNS)
- Hamwattan Elderly Group (NNS)
- Hawksworth Older People Support (NNS)
- Horsforth Live At Home Scheme (NNS)
- Leeds Jewish Care Services (Leeds Jewish Welfare Board) (NNS)
- Leeds Black Elders (NNS)
- Meanwood Elders' Neighbourhood Action (NNS)
- Middleton Elderly Aid (NNS)
- Moor Allerton Elderly Care (MAECare) (NNS)
- Morley Elderly Action (NNS)
- Neighbourhood Action for Farnley, New Farnley and Moor Top (NNS)
- Older Active People (OAP) (NNS)
- North Seacroft Good Neighbours Scheme (NNS)
- Older Peoples Action in the Locality (OPAL) (NNS)
- Richmond Hill Elderly Action (NNS)
- Otley Action For Older People (NNS)
- Pudsey Live At Home Scheme (NNS)
- Rothwell And District Live At Home Scheme (NNS)
- South Leeds Live At Home Scheme (NNS)
- Swarcliffe Good Neighbours Scheme (NNS)
- Stanningley and Swinnow Live at Home Scheme (NNS)
- Wetherby in Support of the Elderly (NNS)
- South Seacroft Friends and Neighbours (NNS)
- Older peoples forum

Appendix C: Results of initial questionnaires

Section 1: For everyone	
1.1 Are you a:	
Patient	13
Carer or relative	5
Member of the public	5
Health/social care worker	0
Other (please state)	2
• Patient in 2008	
• Manager of live at home scheme	
1.2 What do you think of our plan?	
Strongly disagree	1
Disagree	0
Don't know	3
Agree	10
Strongly agree	7
Comments	
<ul style="list-style-type: none"> Prefer concept of NHS/state funded and provided intermediate care to involvement of private sector homes - problems such as no CRB checks in private sector care. Also centralising in 3 units leads to better economy. I'm no longer a carer but appreciate problems some may have in visiting if care is centralised (if reliant on public transport as I was) Slightly worried about the locations - they would need to be placed in 3 very separate parts of Leeds so that travel distance is not too much Agree subject only to the location of the three proposed dedicated care units Agree - as long as it helps this service going. Though Richmond House is a fantastic local resource I believe it is important to offer this service across the city and rural areas however they should be provided by LCC and NHS jointly as this avoids unnecessary hospitalisation and prompt recovery My experience of the service was good assuming that the new provision is equally good I have no objection to it I spent 2 weeks in one of your CIC the staff brilliant at all times helped in every need nothing was too much trouble Don't know only because you have not supplied full detail as yet. It all depends upon the LOCATIONS OF THE CIC BEDS. If they were all in East or South Leeds I would (?illegible) strongly disagree In theory it is good and might be very good in parts but see 1.5. I think in bad times demand will definitely greater then supply The fact that the service provided will be more consistent is an attractive proposition. The focus on high quality care is goo to read, it is great to read that there will be no reduction in the number of beds available, i.e. 131. Changes which make life easier for carers and patients will be beneficial. 	
1.3 Do you feel that having a choice of location is important for this type of service?	
Yes	21
No	1
Unsure	0
1.4 What do you think are the most important factors we should consider when deciding where to have the new facilities? Please number your choices, with "1" being the most important and "6 or 7" being the least important	
High quality care	
Modern environment/buildings	
Good car parking facilities	
Local shops and other amenities	
• On a good public transport route	

• Services equally spread across Leeds	
• Other (please state)	

1.5 Do you have any other comments about the plans?

- Prefer concept of removing service from hospital environment - psychological + hygiene/infection reasons
- Three centres is not enough to cover this area
- Any help offered for transport for carers/families?
- Booklet is too lavish and plans do not contain sufficient information to make an informed decision again
- I'm glad the quantity and quality will be maintained
- I am a little concerned that it has not yet been established where the CIC beds will be given the emphasis on 'high quality care'. Also putting the additional (i.e. Seacroft & other beds) in the 'better' nursing homes will take away those beds from nursing care. I would like reassurance that a drive to increase all the nursing & CIC bed care would be done in conjunction with this exercise if it proceeds.
- No. Quite happy with everything you have achieved already
- It is difficult to make a judgement when you don't have all the facts to be fair I would think you need a facility in South Leeds, east Leeds and west Leeds. Use an equilateral like this (picture of triangle with compass points (attached)
- There are not enough beds either now or in the plans. There must be strong and effective links with the aftercare whatever for that service takes
- It is positive to read that there has been nearly 2 years of discussion with patients, their relatives and carers, this input will no doubt be invaluable. Its also brilliant to read that 3 dedicated units will be developed.

Section 2: For patients

2.1 When did you last use the service?

In the last month	9
In the last three months	1
In the last six months	0
In the last year	0
Two years ago	2
More than two years ago	1
Can't remember	0

2.2 Where did you use the service?

V ward at Seacroft Hospital	6
In a private nursing or residential care home	2
In a local authority-run nursing or residential care home	4
Extra care (support flats at Yew Tree Court, Moortown)	0
Unsure/can't remember	0

2.3 Was it explained to you why you were treated in a CIC bed rather than a hospital bed?

Yes	7
No	4
Unsure	1

2.4 Were you given enough information to help you understand the support you were going to receive?

Yes	7
Some information but not enough	2
No	3
Unsure	1

2.5 Did you feel you received the support you needed to be more active and independent?

Yes	10
-----	----

Some support but not enough	3
No	1
Unsure	0

Comments

- I had to be independent, but without that spur it would be easy just to let the days flow past. My feet have been the bane of my life for year. This rest has helped me to totter a bit better, but the position cannot be changed
- Support provided by physio excellent however carers seemed unaware of why I was there
- felt a need for more physiotherapy
- The support I received was very useful and helpful and helped me remain active in the community, thank you. My carer was able to recuperate and return to being able to support me again, this meant it helped two people
- Would have appreciated more information on arrival about the aims, procedures, possible length of stay, criteria for dismissal (had to pick up information from other patients)
- It was a grand place I could not complain about a thing it was a grand place

2.6 Were you offered a choice of location for your care?

Yes	2
No	11
Unsure	0

2.7 Please tell us what you thought about

	Very poor	Poor	OK	Good	Very good
Your experience of being admitted to a CIC bed	0	1	3	3	5
The facilities at the place you were cared for	0	1	2	4	4
The buildings and environment	0	1	2	3	4
Communication with the staff caring for you	0	1	0	5	5
Your experience of being discharged from the CIC bed service	0	1	3	3	3

Comments

- I was brought home to my new flat and nurses appearing morning, noon and night which very encouraging and I didn't feel lost or alone
- Lack of real understanding - perception lack of communication skills - lack of re-assurance & real concern in general - overall, a real lack of perception
- Not enough service staff - so no communication to helpers
- Earlier inpatient treatment at St James Hospital (for 4 weeks) resulted in more intense physio treatment required at Seacroft
- I thought the service should be extended to those under 65 when needed, as it is a good service
- Was given little notice or discussion of aims, criteria for discharge etc.

2.8 Did you feel that you were treated with dignity and respect?

Yes	10
Sometimes but not always	3
No	0
Unsure	0

2.9 If you answered "sometimes" or "no", please explain how you think you experience could have been improved:

Comments

- Better understanding of elderly patients. Sometimes roughly handled - lack of perception
- More experienced staff

- One at least of the 'carers' shirked duties, no avenue of complaint. Professional staff ranged from excellent to unfriendly on the whole the 'carers' were very helpful

2.10 Is there anything else you would like to tell us about your experience?

Comments

- In spite of my comments the time spent helped my recovery. I was able to return home to my husband without requiring any home nursing attendance. Also appreciated the hard work to be done by the few staff, with some very disabled patients.
- Thank you for the prompt response to our needs which greatly improved the situation.
- A good experience on the whole. Most people were very helpful. I settled in very well. Sometimes signs of staff being overstretched. A good experience. I was sorry to leave.
- I enjoyed staying there thank you

Section 3: For carers, relatives and friends

3.1 Are you a carer, family member or friend of someone who has used the CIC bed service?

Friend	1
Relative	2
Unpaid carer	6
Paid carer	1
Other (please state)	0

3.2 If yes, when did they most recently use the service?

In the last month	1
In the last three months	5
In the last six months	0
In the last year	1
Two years ago	1
More than two years ago	2
Can't remember	0

3.3 Has your friend, relative or the person you care for used the CIC bed service before?

No, this was their first time	8
Yes, once before	0
Yes, two or more times before	1
Unsure	0

3.4 Was your friend, relative or the person you care for admitted to a CIC bed from:

A hospital bed	6
Their own home	4
A private nursing or residential care home	0
A local authority residential care home	0
Unsure	0

3.5 Was it explained to you why the person was admitted to a CIC bed rather than a hospital bed?

Yes	8
No	2
Unsure	0

3.6 Did you feel the person you care for received the support they needed to be more active and independent?

Yes	10
Some support but not enough	0

No	0				
Unsure	0				
Comments					
<ul style="list-style-type: none"> • staff helped/encouraged mother to be independent but limited by mother's ill health - non-nursing staff did not have knowledge to assess medical condition & its limitations. Carers in residential homes do not always have much medical knowledge. I feel patients sometimes sent home too early - & often return to hospital shortly afterwards (I have seen this occurrence). Residential homes often decorated/carpeted like luxury hotels - not necessarily reflects quality of care or hygiene • Should have had more help to get them mobile again • 3 CIC homes over a period of three months- 2 excellent one poor • Excellent doctors & nurses - very kind and patient, explaining everything carefully to us • Mum came home more mobile after her stay in the CIC bed 					
3.7 Was a choice of location offered before your friend, relative or person you care for was admitted to a CIC bed?					
Yes	2				
No	8				
Unsure	0				
3.8 What do you think is an acceptable distance to travel for a CIC bed service?					
Up to 5 miles	7				
5 to 10 miles	3				
Over 10 miles	0				
No particular preference	0				
3.9 How would you prefer to travel to visit someone in a CIC bed?					
Public transport	2				
Walk	1				
Car (driving)	7				
Car (passenger)	1				
Cycle	0				
Taxi	0				
Other (please specify)	0				
3.10 Please tell us what you thought about:					
	Very poor	Poor	OK	Good	Very good
The process to admit your friend or relative to a CIC bed	0	0	2	2	5
The facilities at the place they were cared for	0	1	2	3	4
The buildings and environment	0	0	1	4	4
Staff communication with the patient	0	0	2	2	6
Staff communication with you	0	0	1	2	6
The process to discharge your friend or relative from the CIC bed	0	0	1	2	5
3.11 Was your friend, relative or the person you were caring for treated with dignity and respect?					
Yes	8				
Sometimes but not always	2				
No	0				
Unsure	0				

3.12 Did you feel that the staff listened to your views and concerns?

Yes	8
Sometimes but not always	1
No	0
Unsure	0

3.13 If you answered “sometimes” or “no”, please explain how you think your experience could have been improved:

- Believe it really hinges on professional/medical knowledge/understanding which I found sometimes lacking. Also, language barrier of foreign carers and have seen this in other CIC bed homes elderly friends have been in
- The standard of nursing care in one was inadequate leading to an emergency admission
- Lack of real understanding. No real communication with carer - I was often left in the dark

Appendix D: Focus group programme

NHS Leeds CIC Bed Consultation

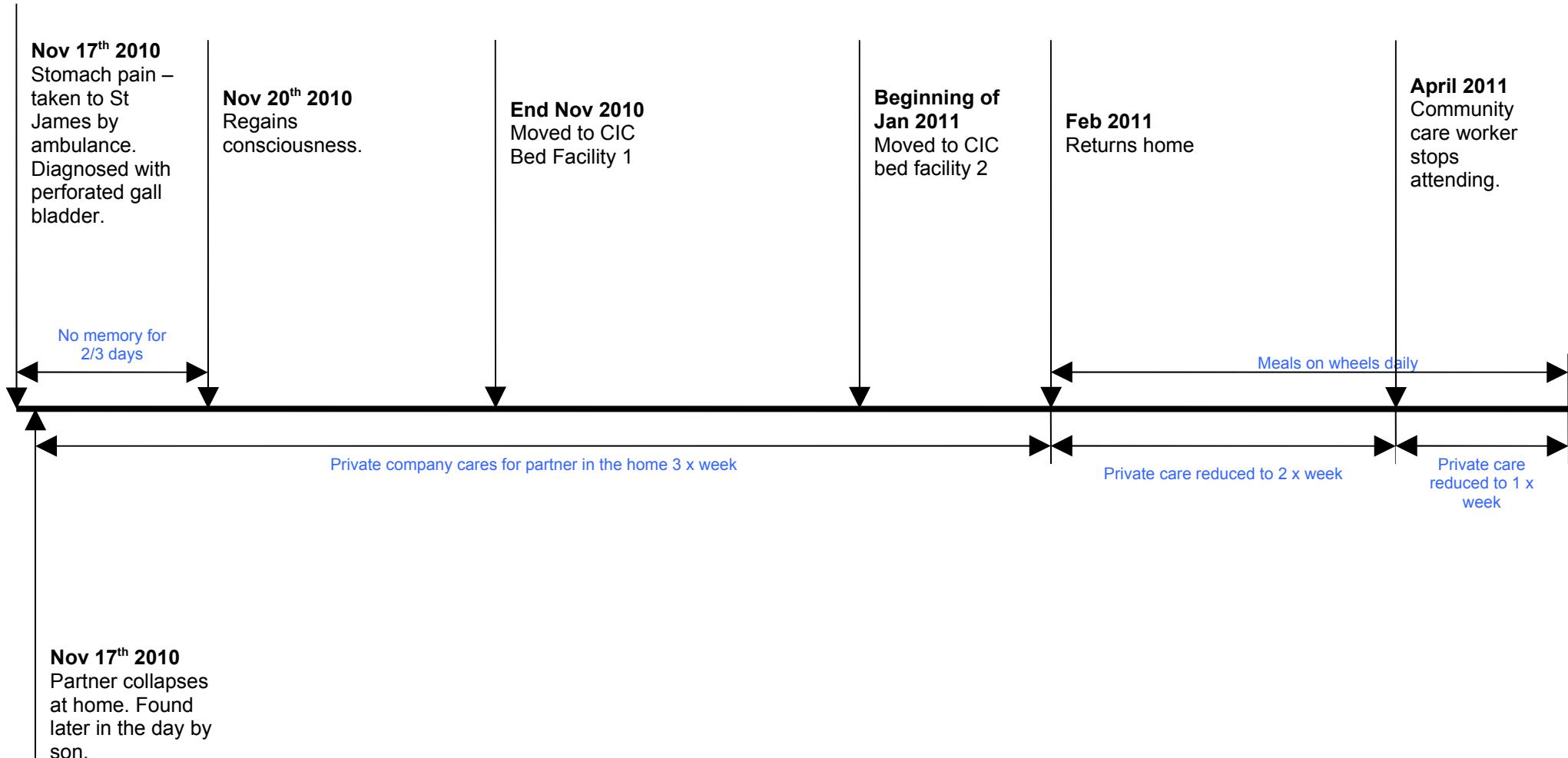


Time	Activity	Detail	Tools needed
00:00	Introduction	<p>Housekeeping. (CHRIS)</p> <ul style="list-style-type: none"> • Introductions • Housekeeping (fire alarm, toilets, fire exits) • Groundrules • Name and why are you here • North, south, east, west (or similar) icebreaker 	Flip chart Marker pen
00:10	Why Ask Patients?	<p>Brief introduction to involvement. (CHRIS)</p> <ul style="list-style-type: none"> • You are the experts in receiving care • You are the people who experience the journey through the system • It helps us to understand your experience • It helps us develop better services • It's good practice • It's the duty of the NHS to consult with patients and the public 	
00:20	Aims of session	<p>Why are we consulting on CIC beds? (CHRIS & JAMES)</p> <ol style="list-style-type: none"> 1. To give people more information about the service and the changes we are making 2. To give people an opportunity to tell us what aspects of care they would like to see in the new service 3. To give people the opportunity to tell us what they think about the changes we are making. 	
00:30	What is the CIC bed consultation?	<p>Introduce the topic area with the group. (JAMES and GILL)</p> <p>James to talk about CIC beds.</p> <ul style="list-style-type: none"> • What CIC beds are • What CIC beds are not • Information on previous consultations • Avoid giving too much information about the solutions – we would like the patients to generate 	

		these!	
00:35	H-Form exercise	<p>Barriers, Benefits and Solutions (CHRIS)</p> <p>Group to split into smaller groups and use an H-Form to tell us:</p> <ol style="list-style-type: none"> 1. What are the barriers to a successful return home after hospital? 2. What are the benefits of a successful return home from hospital? 3. What do we need to do to ensure a successful return home from hospital? <p>Use following prompts:</p> <ul style="list-style-type: none"> • What skills do staff need? • What to carers need? • What worked well for you (if you used a CIC bed)? • What worked less well for you? • What principles should staff work to? • What training do staff need? • What are the issue with providing care in nursing/residential homes? • How can we increase the chances of a successful return home from hospital? • Who needs to be involved? • How can we ensure that we provide high quality care? • How can we reduce the chances of people having to go back into hospital? • What do you think about the location of the CIC beds? • What other facilities should be available at the CIC bed venue? • What other services should we provide to make people more active and independent? 	H-form, Post-it notes, pens
01:15	H-Form Feedback	<p>Groups to feedback their thoughts/ideas</p> <p>Concerns, thoughts, ideas and suggestions to be themed.</p>	Flipchart paper, pen
01:45	Survey	Give out the survey and ask people to fill this in and send back based on what they have learnt today.	Surveys
01:55	Evaluation and close	Ask patient to fill in evaluation wheel. Offer to send patients a copy of the final report.	Evaluation wheel, pens

Appendix E: Interview Notes

CIC Bed Consultation – Patient Interview - Patient one and partner 2011 04 20



Other comments:

1. Context

- a.** Partner is forgetful and struggles to manage on her own
- b.** Partner unable to leave the house alone
- c.** Only son lives in Cardiff and can only visit at weekends
- d.** 'My care worker isn't visiting anymore so we are relying on private social care. Our money is running out'

2. Care Quality Issues

a. (CIC Bed Facility 1)

- i.** Patient says they were treated with dignity and respect
- ii.** 'They (CIC bed staff) did things that helped me get better, they built me up to go home'
- iii.** 'The meals were good'
- iv.** 'There were always staff about to help'
- v.** 'It was easy to get to'
- vi.** 'The staff were alright'

b. (CIC Bed Facility 2)

- i.** 'The staff were alright'
- ii.** 'They (CIC bed staff) did things that helped me get better, they built me up to go home'
- iii.** Patient explained that the location of their room was quite isolated and that 'hours went by where I didn't see anyone'
- iv.** I sometimes waited an hour for someone to come after I had pressed the emergency button'
- v.** Patient raises concerns about the 'attitude' of some of the nurses
- vi.** 'I wasn't impressed by CIC bed facility 2'
- vii.** 'The food wasn't very good'
- viii.** The patient explained that the majority of other residents were staying at the home long-term –'it was depressing.... No-one ever left'
- ix.** 'My brother had to catch 2 buses to come and visit me'
- x.** 'My partner was only able to visit when my son brought her. My son lives in Cardiff'

3. Discharge Planning

- a.** 'I wasn't told why I was being moved out of hospital, I assumed they needed the hospital bed'
- b.** 'I wasn't given a choice of where to go'

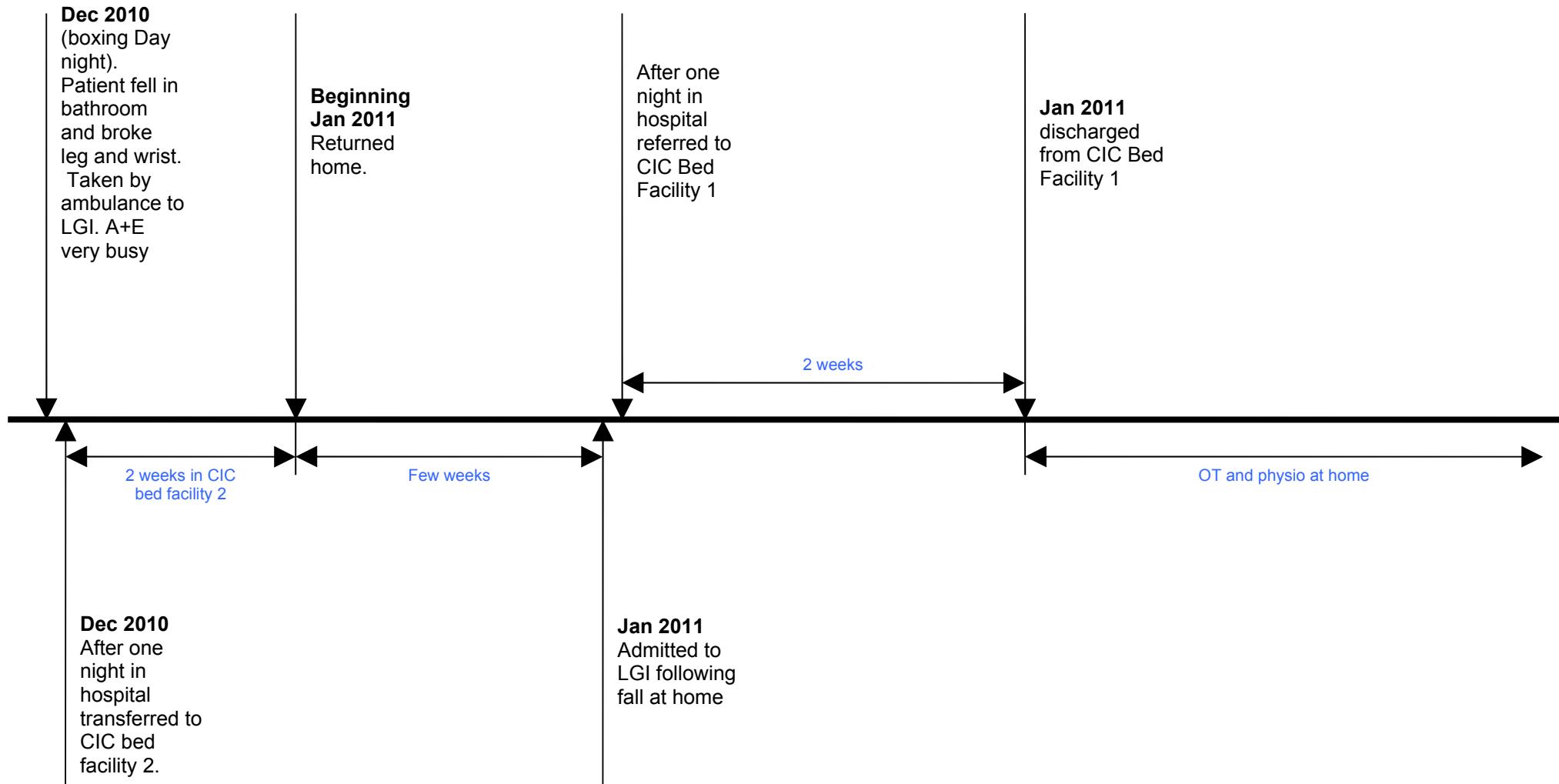
4. CIC bed location

- a.** I would have preferred a CIC bed closer to home so that it was easier for people to visit'
- b.** Patient explained that having a CIC bed closer to home would have had psychological benefits to the patient and carer
- c.** Patient said that CIC beds should be 'on one level' so that they are easy to access
- d.** 'CIC beds are a good idea but it depends where you put them'
- e.** CIC beds need to be easy to get to by public transport'

5. Communication

- a.** 'I wasn't told why I was being moved out of hospital, I assumed they needed the hospital bed'
- b.** 'I wasn't given a choice of where to go'

CIC Bed Consultation – Patient Interview – Patient two and partner 21/04/11



Other comments:

1. Context

2. Care Quality Issues

a. (CIC Bed Facility 1)

- i. 'I was treated with dignity and respect'
- ii. 'It was quite small'
- iii. 'The nurses were fantastic'
- iv. 'We wrote a letter to thank them (the staff at CIC Bed Facility 1)'
- v. 'I drove to CIC Bed Facility 1, it was easy to park'
- vi. 'I don't know how I'd have got there on public transport'
- vii. 'We weren't given a choice about where to go'

b. (CIC Bed Facility 2)

- i. 'It was brilliant'
- ii. 'The food was fantastic'
- iii. 'We asked to go somewhere local'
- iv. 'It was handy because it was (located) at the end of our street'
- v. 'The nurses were nice'
- vi. 'We were allowed to take the dogs in. It was important – people miss there pets'
- vii. 'I was allowed to visit until 9am'

3. Discharge Planning

- a. 'No one explained why we were going – I assumed they just needed the hospital beds'
- b. 'It was the right time to leave the CIC bed (CIC Bed Facility 1), they assessed me before they let me go'
- c. 'I can't remember if we were given a leaflet about the CIC beds'

4. CIC bed location

- a. 'I drove to CIC Bed Facility 1, it was easy to park'
- b. 'I don't know how I'd have got there on public transport'

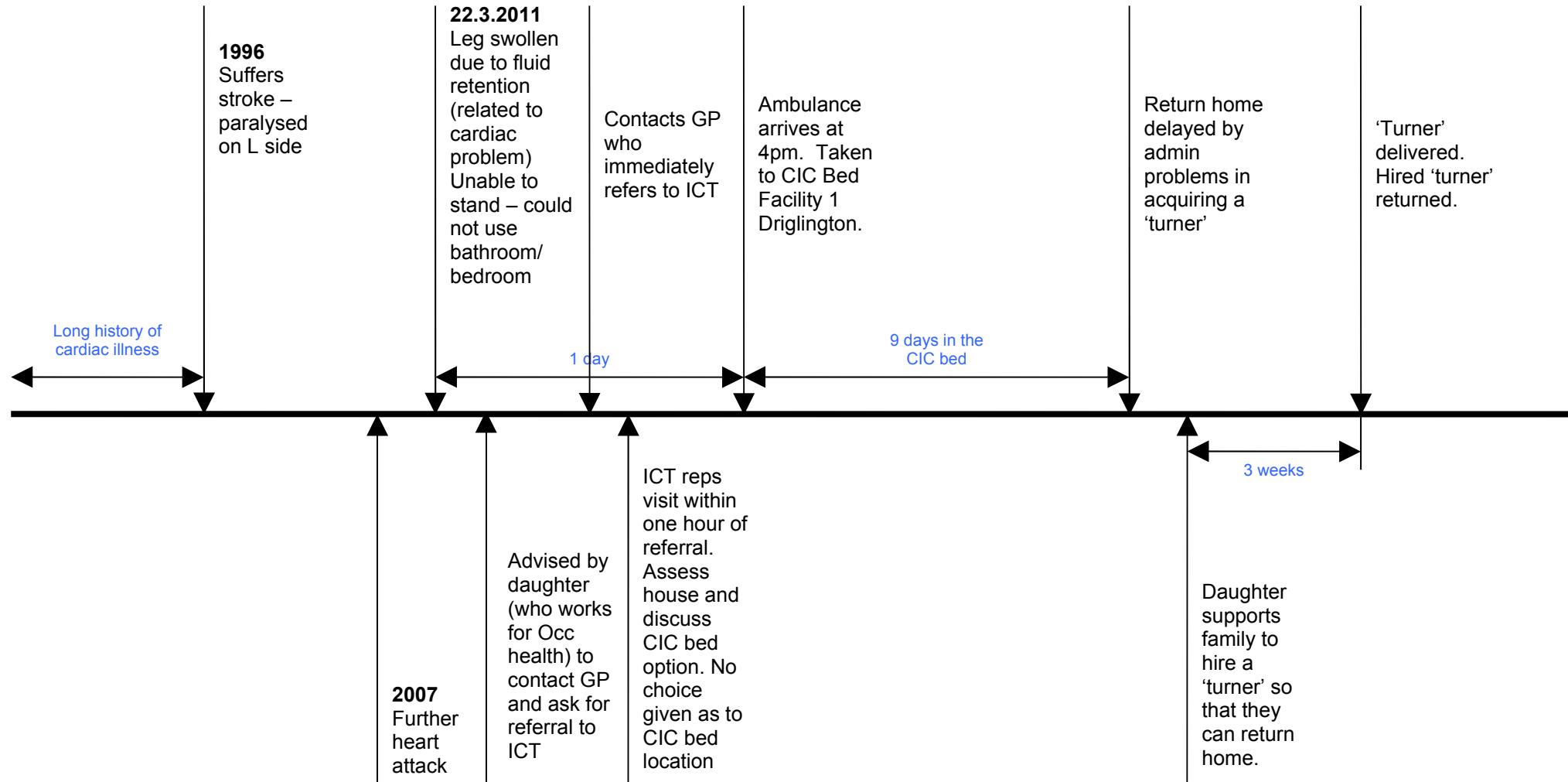
- c. 'We weren't given a choice about where to go'
- d. 'We asked to go somewhere local'
- e. 'It was handy because it was (located) at the end of our street'
- f. 'I wouldn't want to travel over 10 miles'

5. Communication

6. Other

- a. 'you should leave the CIC beds as they are'
- b. 'I'd be worried that the CIC bed centres would end up like hospital wards'
- c. 'The care should be personal'

CIC Bed Consultation – Patient Interview – Patient three and partner 12/05/11



Other comments:

1. Context

- a. Recently moved from Wales to Leeds – unfamiliar with local area

2. Care Quality Issues

a. CIC Bed Quality Issues (CIC Bed Facility 1)

- i. 'Staff were excellent – from the cleaners to the clinicians'
- ii. 'All the staff made us feel very welcome, they all said 'good morning''
- iii. All the staff were really cheerful, even the night staff
- iv. 'Where ever the CIC beds are they need to maintain the standards we received at CIC bed facility 1'
- v. 'It was important to have flexible visiting times – I was allowed to visit throughout the day (I couldn't have done this on a hospital ward). It meant that I was able to look after my husband and take pressure off the nursing staff'
- vi. gave me the privacy I needed, they knocked on my door before coming into the room. They were very conscious of our privacy needs'
- vii. 'The CIC bed helped me learn useful skills like using a 'turner'.
- viii. We were involved in the care planning at every stage of the process'
- ix. 'You need to ensure that people without family or carers receive the same quality of care as those who have advocates'
- x. "The carpet at the nursing home was too thick – it made using a wheelchair quite difficult.'
- xi. You couldn't beat the care we received at CIC bed facility 1'
- xii. Having an en-suite made a big difference'.
- xiii.'I was ready and prepared to leave when we left CIC bed facility 1 – they made sure we could manage at home'

3. Discharge planning

4. CIC bed location

- b. 'We were not given a choice of CIC bed location'
- c. 'Having a choice of location isn't hugely important, we were just grateful to get a place.'
- d. 'I had to get a taxi to CIC Bed Facility 1 – I wasn't confident enough to drive because I am new to the area'
- e. 'The CIC bed location was further away than I would have liked but we can't all have it on our doorstep'
- f. 'I think good parking would be important at a new CIC bed location.'
- g. Patient and carer suggested that distance to the CIC bed was less important than barriers to travelling such as busy roads, congestion and poor public transport'

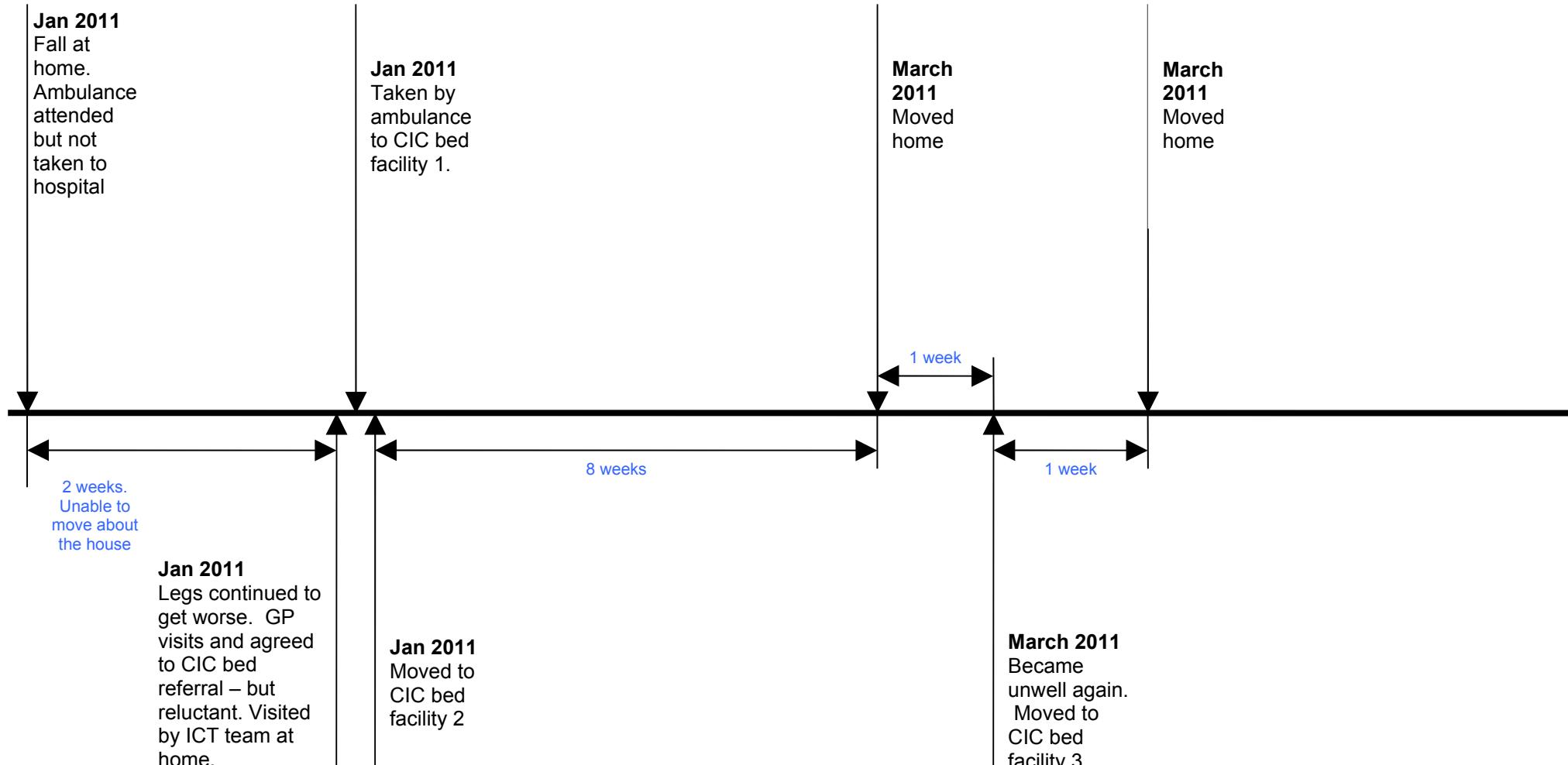
5. Communication

- a. GP was very helpful in the referral.
- b. 'When the ICT staff visited us they explained what a CIC bed was and why we were being referred there'
- c.

6. Other

- a. 'We can't fault the ICT team'
- b. 'I think CIC beds are a good idea'
- c. 'I imagine that having all the CIC beds in one place would be much easier for staff. It would also mean that patients have all the specialist services in one place'
- d. 'We were assessed as needing a 'turner' at home before we left CIC Bed Facility 1. We were not allowed to leave until one was installed at our home and we were told that it could take up to 3 weeks for one to arrive. Our daughter (who is an occupational therapist) helped us to hire a 'turner' from Yorkshire Care so that we could get home and not block a CIC bed for someone else. The NHS said they would not pay for hiring the turner. The turner ordered by the NHS arrived after three weeks. If we had not hired a 'turner', this delay could have had the following impact:
 - viii. Cost the NHS to keep me in a CIC bed for three weeks when I was ready and able to return home
 - ix. Stopped someone else from accessing a CIC bed

CIC Bed Consultation – Patient Interview – Patient four and partner 04/05/11



Other comments:

1. Context

2. Care Quality Issues

a. CIC bed facility 1

- i. 'It was OK'
- ii. 'the staff were nice, pleasant and helpful'
- iii. 'It wasn't nice being on a ward with other people'
- iv. 'It was good that the ward had trained nurses on hand'

b. CIC bed facility 2

- i. 'I wasn't given a choice of where to go'
- ii. 'It was just around the corner which was helpful'
- iii. 'The staff focussed on the residents rather than people in the CIC beds'
- iv. 'Some of the staff never smiled'
- v. 'The night staff arrived quickly if I rung the buzzer but I had to wait up to 30 mins during the day'
- vi. 'I couldn't access the bathroom using my zimmer frame'
- vii. 'I was one of the youngest people there – they left me till last'
- viii. 'I needed someone to let the sides down on my bed – sometimes I was in bed for a long time'
- ix. 'On reflection I wish I'd been in CIC bed facility 3 for the 8 week stay'
- x. 'They didn't have trained nurses'

c. CIC bed facility 3

- i. 'I wasn't given a choice of where to go'
- ii. 'They (staff) were waiting to greet me'
- iii. 'Staff were very attentive'
- iv. 'Staff were very friendly they encouraged by to get back on my feet – it was lovely.'
- v. 'The staff were proactive – their policy was to get patients to integrate and socialise.'
- vi. 'There was a nice mixture of patients'
- vii. 'It was a more pleasant experience (than CIC bed facility 2)'
- viii. 'It was a 5 mile trip but the quality was worth it'
- ix. 'It was a nice environment'
- x. 'The staff were sympathetic'
- xi. 'My partner might have struggled to visit if he hadn't got a car'

3. Discharge Planning

4. CIC bed location

- a. 'locating the CIC bed should be focused on quality (rather than location) but people should have access to a CIC bed close to home'
- b. 'There might be a risk that CIC bed could become institutionalised'
- c. 'Staff relationships with the patient is crucial'
- d. 'It is important that patients have a choice about which CIC bed the go to'
- e. 'Services should be equally spread across the city'
- f. 'Car parking is important – and it needs to be safe'
- g. 'public transport to the CIC bed should be good'
- h. 'The CIC bed doesn't need to be modern as long as the care is good'

5. Communication

- a. 'People don't know what's (services) are out there'
- b. 'I wasn't sure who initially referred me to the CIC bed'
- c. 'I'm still not sure what a CIC bed is'
- d. 'I thought a CIC bed was a special bed you had at home'
- e. 'The ambulance left without me (carer) and I struggled to find my way there (CIC bed facility 1)'
- f. 'I wasn't given a choice of which CIC bed to go to'

Appendix F: Verification

