



Enter and View Report

Harvest View

28 Harvest Road, Rowley Regis

B65 8EJ

Announced Visit

Date: 28th February 2024



Contents

What is Enter and View	1
Provider details	2
Acknowledgments.....	3
Disclaimer	3
Authorised Representatives	3
Purpose of the report:	4
Who we share the report with.....	4
Healthwatch Sandwell details	4
Healthwatch principles	4
Purpose of the visit	5
What we did	5
Findings:.....	5
A healthy environment	5
Internal.....	6
Essential Services	8
Admission Process	8
Discharge Process	9
Service User/relative experiences	9
Access	10
Safe, dignified and quality Services	11
Information and education	12
Choice	12
Being listened to	12
Comments and complaints.....	13
Being involved	13
Staffing	14
Management Structure	14
Meetings	15
Training	15
Supervision	16
Recommendations	17
Provider feedback	18

What is Enter and View

Part of Healthwatch Sandwell remit is to carry out Enter and View visits. Healthwatch Sandwell Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act (2012) allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, opticians, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Sandwell Enter and View visits are not specifically intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Sandwell Safeguarding Policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider details



<u>Name:</u>	Harvest View
<u>Address of Service :</u>	28 Harvest Rd, Rowley Regis B65 8EJ
<u>Registered Manager</u>	Michalea Fanthom
<u>Service type:</u>	Residential short stay enablement unit

Harvest View (opened 24th November 2022) is an integrated social care and health facility with 80 en-suite rooms alongside communal areas for Service Users who need specialist support from both social care and health staff all under one roof. The focus is on reablement¹ with a view to helping Sandwell residents get back home after a hospital stay or those who need some structured support to avoid a hospital stay altogether.

It offers an assessment period for possible admission to a residential/nursing home, dementia screening as well as reablement. There are no permanent residents on any of the units. Harvest View operates under a 'Home First'² ethos.

Admissions are taken from those ready to leave hospital who meet the criteria for Pathway 2³, or those without acute medical needs requiring hospital-level care but who require



¹ Reablement is a type of care that helps people relearn how to do daily activities, like cooking meals and washing and develop their confidence.

² A 'Home First' approach, providing Service Users with support at home or intermediate care. Wherever possible, Service Users should also be supported to return to their home for assessment. <https://www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay/reducing-long-term-stays/home-first/>

³ <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance> Pathway 2: discharges to a community bed-based setting which has dedicated recovery support

step up from their own homes for a period of reablement or to address a social care crisis.

A person will be discharged from hospital on D2A pathway ⁴, the person will be issued with information regarding the unit, informed of the purpose and support/therapy they will receive as well as the maximum length of stay they should expect. This should be done as part of the discharge plan from hospital.

Admission to any community bed is only considered where it is not safe to deliver the person's care and support in their own home environment.

Any Sandwell resident aged 18 + and regardless of GP is eligible for admission to Harvest View. Planned admissions are accepted across 7 days between the hours of 9 am and 7 pm. However, emergency admissions for those in a social care crisis where it is not possible to maintain safety overnight are accepted across 24 hours.

Website: <https://www.sandwell.gov.uk/news/article/184/harvest-view-now-open-helping-people-to-live-well-and-age-well>



0121 569 7277

Acknowledgments

Healthwatch Sandwell would like to thank Michaela Fanthom, her team and the visitors to the Harvest View for their cooperation during the visit.

This visit has contributed towards Healthwatch Sandwell's analysis of health, care and support in Sandwell: the Service User's journey. Any issues identified will be raised with Sandwell Health & Care Partnership Board separate to this visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 28th February 2024. The report does not claim to represent the views of all visitors, only of those who contributed within the restricted time available.

Authorised Representatives

Anita Andrews, Alexia Farmer, Sophie Shuttlewood, Melissa Elders and Pat Johnson conducted the visit.

⁴ Discharge 2 Assess :Sometimes a Patient can be ready to leave hospital but not well enough to return to their previous place of residence. In these circumstances Patients will be discharged through the Discharge to Assess (D2A) pathway into a nursing home to receive additional support and further assessment.

Purpose of the report:

This report will provide an overview of Harvest View and will provide Service User experience feedback. Where appropriate, recommendations will be made based on the findings of this Enter and View visit and it is anticipated that these recommendations will contribute to improving service delivery within the clinic and in turn improve the service experience for Service Users.

Who we share the report with

This report and its findings will be shared with Healthwatch Sandwell Advisory Board, Sandwell MBC, Sandwell and West Birmingham NHS Trust, the Integrated Care System and Healthwatch England. The report will also be published on the Healthwatch Sandwell website: (www.healthwatchsandwell.co.uk)

Healthwatch Sandwell details

Address: Walker Grange, Central Avenue, Tipton. DY4 9RZ
Website: <https://www.healthwatchsandwell.co.uk/>
Phone: 0121 569 7211
Social media: <https://www.facebook.com/HWatchSandwell>
Instagram: www.instagram.com/healthwatchsandwell
Twitter: @HWSandwell

Healthwatch principles

Healthwatch Sandwell's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent Service Users reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. **Safe, dignified and quality Services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care.

7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The purpose of the visit was to observe the environment and explore with Service Users their experience of staying at Harvest View. This was achieved by our Authorised Representatives observing and talking to Service Users, relatives and staff. We respected those Service Users that didn't want to talk with our team.

What we did

Our Authorised Representatives observed the environment and used a pre-set of questions that covered:

- Service User experience of the service including care by staff, accessibility to the building and information and any suggestions to improve the service.
- How staff meet individual needs of Service Users including the communication needs of Service Users who have impairments, handling anti-social behaviour from Service Users and/or relatives, how to support Service Users who want to raise a complaint or concern about the service and suggestions to improve the service.

Observations were made of the environment both externally and internally, that included:

- Signage, accessibility, lighting, refreshments, cleanliness, parking and transport links.

Findings:

A healthy environment

External

Harvest View is situated in the middle of a residential area in Rowley Regis. There are bus stops surrounding and Rowley Regis train station is over 2 miles away in Station Road.

There is signage to the Harvest View at the front of the building on Harvest Road as well as at the entrance in Dudhill Road. The 2 entrances are well signposted and are accessible.

The building has a secure entry system, there is a keypad at the entrance doorway, which is activated by reception staff. There is a visitor's book which the receptionists prompt visitors to sign on entry.

The car park is accessed via keypad in Dudhill Road, there are disabled parking spaces allocated.

There are well maintained accessible gardens with paved areas, lawns, gazebo and pergolas. There are shrubs and trees with seating areas and tables.



There are smoking/vaping facilities in the garden area.



Internal

Prior to our visit a poster was sent to Harvest View to advertise the visit, these were displayed in the waiting area during the visit. The Manager also copied A4 sized posters and displayed them on each floor.

On the day of the visit, Harvest View was clean, and the décor well maintained with no unpleasant odours. There were no obvious hazards or health and safety risks observed. It was well lit and at an appropriate temperature.

There is clear signage around the building for toilets, lounges and facilities etc. and these are in pictorial form.

There is an open plan and spacious reception area with:

- suggestions box
- CQC Name of Registered Manager displayed
- general notice board
- display board for star employee of the month



Off the reception are corridors which lead to the lifts and each floor.

There is a lift to all floors. To access all areas there is a security key fob system which opens each door.

Harvest View comprises of 3 floors:

1. Ground floor - Managers office and various other rooms including activity for daily living assessment room, hair salon, toilets and a well-equipped staff room
2. 1st floor - Nursing care
3. 2nd floor - Residential

All furniture and soft furnishings on each floor are in good condition, fixtures and fittings appearing safe. The corridors have handrails and there are wall murals.



All communal areas and corridors are free from clutter.

Each floor has a hub with seating, tables and a TV housed in wall units. There are photos on Service User's bedroom doors to assist with identification.

There are several bedrooms suitable for plus sized Service Users, accessible WCs and a staff shower room. There are private places to talk/pray (quiet room).

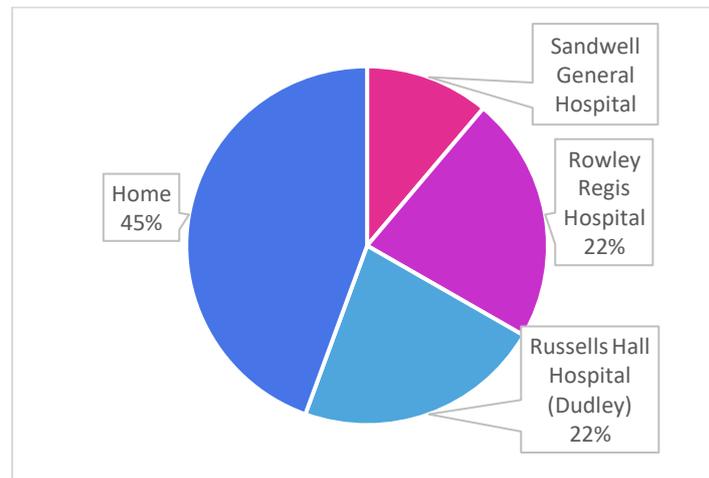
There are several sanitising hand gel dispensers in communal areas and around Harvest View.

We were informed that Harvest View has a loop system however, there was no T sign advertising this facility. Wi-Fi is available.

There are no refreshments available to purchase as we were informed that staff currently do not handle cash, however drinks/refreshments are readily available for visitor and Service Users.

Essential Services

Service Users and relatives were spoken to in the communal areas and their bedroom (on invitation). Service Users arrived at Harvest View from a variety of settings. The Manager informed us that the majority of admissions are from hospitals in the Black Country. On the day of the visit we spoke to Service Users from the following venues:



Admission Process

The Manager described the admission process which is managed via the Integrated Discharge Hub (formed in 2021 - Sandwell West Birmingham NHS Trust). The Hub unites nursing and therapy staff from the Trust, with colleagues working in adult social care and the Black Country Integrated Care Board. The team are co-located and work as one to ensure the safe and timely discharge of Service Users from acute beds. The service has adopted the national Discharge to Assess (D2A) model which focuses on identifying Service Users likely discharge needs on admission to reduce unnecessary delays. If people have care or therapy needs, people are discharged when medically appropriate and then assessed at Harvest View.

Harvest View staff can access medical notes from any Sandwell and West Birmingham NHS Trust hospital, which helps with assessing needs etc. Where Service Users are admitted from other Hospital Trusts it is more complex, but Harvest View staff have good relationships with discharge planners.

The Manager is assertive about the Transfer of Care and insists on receiving full information prior to any Service User admission to ensure the Service Users safety and that Harvest View can meet their needs. There have been times when this has been challenging for the Manager when Service Users are referred with basic information from hospital, however, once a Social Worker is allocated, more information is ascertained. Also after admission to Harvest View, Care Staff find out about Service User's needs and preferences by talking and observing them. They also talk to relatives. This ensures that care is individualised.

If admitted from their own home, their community Social Worker will continue to support otherwise a Hospital Social Worker or Social Worker linked to Harvest View will provide support.

On the day of admission (first 24 hours) all individuals will be allocated to a Community Intermediate Care Social Worker/Senior Care officer who will be responsible for the assessment of any ongoing support needs following the person's stay at Harvest View.

Within 3 working days the Social Worker/Senior Care Officer will have contacted the person and their family and arranged a face-to-face meeting with them on site to undertake the assessment and begin the planning process for any ongoing care and support.

All assessments and care plans are completed by day 14. This allows a maximum of a further 14 days to 'source' and establish any support required following the person's stay at Harvest View.

Harvest View does not accept homeless people, as placements are temporary and there is a need for a Service User to be transferred back to an address.

Discharge Process

The allocated Social Worker co-ordinates leaving Harvest View with the Service User, and where appropriate family, to the most relevant venue.

The ethos of 'home first' will be as relevant when planning to leave Harvest View as when planning discharge from hospital.

Service User/relative experiences

I wish I could stay here! I'm booking my holidays here. So well looked after. I can't fault themit's lovely here

Service Users and relatives gave feedback about the admission process:

A relative had not been included in the initial visit and conversations with the allocated Social Worker, there had also been no subsequent follow up conversations to date.

This was discussed with the Manager, and it was confirmed that there have been occasions when relatives, as well as Harvest View staff, may not have been informed by staff at hospital of the transfer but Harvest View Staff always make contact with the family as soon as they know to keep them updated. Also there are occasions when a Service User may not want family to know/involved and this is respected by staff.

When these situations occur the Manager raises them with the Manager of the Integrated Care Service.

A family carer was unclear about next steps i.e. leaving Harvest View. Communication with Social workers may need to be addressed to avoid this situation.

This place has helped me a lot and learn new things....don't take things for granted.

Access

All areas of Harvest View are accessible for people with a physical disability, this includes rails and a lift to all floors.

Accessibility of the Service

Staff described how communication needs of Service Users are met, such as those who are: visually or hearing impaired, learning disabled and where English is a second language. This is achieved in various ways:

- Visual impairment - The team utilises the support of the Local Authority Visual Impairment Service. The building is divided into coloured sections which assists people with a visual impairment. They are currently catering for people with various visual impairments.
- Hearing impaired - staff tend to use visual prompts. We were informed that there is a loop system.
- People with a learning disability - staff have had little experience of this service user group to date. However, there is picture signage around the Harvest View. The Manager explained that Oliver McGowen training⁵ is planned in due course.
- English as a second language - Staff access to the RITA system⁶ which can access other languages. There are staff who have the appropriate language skills who



⁵ The Oliver McGowan Mandatory Training on Learning Disability and Autism

The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role. This training is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff.

⁶ RITA stands for Reminiscence/Rehabilitation & Interactive Therapy Activities and is an all-in-one touch Screen solution which offers digital reminiscence therapy which is a relatively new tool in the

can translate too. An example was given when a member of staff used Google to translate too.

Care staff stated that they would appreciate training in these areas to improve their communication skills.

The Authorised Representatives discussed with staff that they need to be proactive in their supervision session with regards to their training needs.

Safe, dignified and quality Services

I'm free to come and go as I want

Service Users described staff as kind and caring. 100% stated that they felt cared for. 89% stated that they were treated with dignity, respect, compassion and felt listened to by all the staff involved. 89% stated they had privacy. 89% manage to sleep / rest when needed.

There are regular observations carried out. People stated that the care is consistent during day and night.

Some Service Users were expecting more physiotherapy to assist with their reablement. This was raised with the Manager who explained that physiotherapists work with Service Users twice a week and care staff are given an exercise plan to execute on other days. It was queried whether Service Users are not associating the exercise plan with physiotherapy.

They treat me very well. You can talk to them. They need a pay rise.

Service Users are allocated a Tunstall monitor⁷ which Service Users and relatives appreciated. People said that they feel safe at Harvest View, that they do not encounter threatening behaviour, violence, or unsafe equipment etc.

fields of nursing and healthcare; it encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist Service Users (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

⁷ Tunstall Carecom™ uses the latest technology, it is wireless with receivers and beacons placed around the building, which interact with smart pendants worn by residents, enabling the system to pinpoint their exact location.

Information and education

In each Service Users bedroom there is a Service User Guide, which gives an overview of Harvest View and what they can expect during their stay. Some Service Users were not aware of some of the services provided at Harvest View e.g. hairdressing.

In the reception area there is a stand which house leaflets from Age UK (benefits, living with dementia, carers allowance, keeping warm, will and estate planning etc).



Choice

Service Users were asked the choices that they have including preferred name, food, drinks, clothing, get up/bedtime and access to health care professionals. People told us that they were very happy with all these choices.

We were told that the food is excellent, that the diet is balanced, and drinks are available whenever they want.

A Service User appreciated the entertainment, games and quizzes. However other Service Users said there is little choice of activities and that there is room for improvement on day activities. Some Service Users told us they were not interested in activities.

There is a timetable for activities on the ground floor for people with dementia.

This was discussed with the Manager, and we were informed that sometimes the reablement plan is an activity to help them but it may not be perceived as an activity in the traditional sense. The RITA system covers interactive activities for those who are able. The Manager acknowledged that appropriate group activities can be difficult with the variety of age ranges. It is anticipated in the summer that the garden will be utilised.

Visitors are encouraged to visit and spend time in the Service Users bedroom. There was no time limit or number of visitors allowed, however, the receptionists advised people not to visit during mealtimes. The Manager explained that if a Service User was struggling to eat and a family member could encourage them then that was encouraged.

Being listened to

Service Users and relatives told us they were listened to. Relatives felt they could talk to staff if they were not happy with care etc.

Comments and complaints.

There is an anonymous survey which uses a bar code, paper copy of the survey and suggestion box in reception. The service user guide also contains information about complaints and compliments. Service Users and relatives are encouraged to ask questions at any time. Care staff described referring Service Users and relatives to their Senior Care if they wanted to comment/complain. However some staff were unsure of the complaints process.



The Manager informed us that all feedback is welcome that will improve the service.

88% of Service Users knew who to speak to if they had a concern and **63%** knew how to raise a complaint / concern. There were mixed responses to this area but this was attributed to being satisfied with the service. A relative explained that they didn't want to cause waves for their family member.

People and relatives didn't know about the suggestion box in reception.

Living here is 1st class food. Can't fault here...the staff are very good and help out when they can

There are currently no resident meetings, mainly due to the short period of time people stay and staff time constraints.

Wouldn't change - no complaints at all ! System works, no need to change for the sake of it.

Being involved

People are involved in their care as much as possible especially with daily living skills, this is all part of their reablement programme to help them to move forward/home etc. Some Service Users are encouraged to do their own clothes washing as part of their reablement.

Harvest View staff will undertake washing if there is no family involvement, otherwise relatives are required to take Service Users washing home.

The Manager was asked if all Service Users were suitable for reablement, especially people with dementia. The Manager was clear that reablement does not refer to conditions e.g. dementia, all Service Users have goals set for them that are related to a daily living task e.g. practice standing and transferring or walking which they

couldn't do at home/hospital safely. Some Service Users may go back to their own home, or go to live with family and some go to an alternative care provision e.g. extra care housing⁸ or a care home.

There is voluntary sector involvement at Harvest View including the Sapphire Service, which is delivered by Agewell and the West Bromwich African Caribbean Resource Centre who are working together to support older Service Users during their hospital stay and helping prevent their readmission.

Staffing

Management Structure

Michaela Fanthom is CQC Registered Manager, employed via Sandwell Metropolitan Borough Council Manager since in April 2022 she is supported by:

- Part Time Matron who manages the Band 7 Nurses (x 17) Health Nursing staff are employed by Sandwell & West Birmingham Trust.
- 2 Assistant Managers, one takes responsibility for the 2nd Floor and the other the Dementia floor.
- 151 staff including care staff, domestics, kitchen, laundry and maintenance who are all employed by Sandwell Adult Social Care.

Harvest View is supported by:

- Social workers who are based at Harvest View.
- iCares⁹ which includes Occupational therapy, physiotherapy, case nurse are employed by Sandwell & West Birmingham Trust
- GP cover is provided by Your Health Partnership (YHP), through a combination of GP and Advanced Clinical Practice-led activity.

District Nursing Service visit Harvest View and provide nursing procedures including wound dressings or giving injections etc. on the 2nd floor.

Staff occasionally experience anti-social behaviour from Service Users / relatives but incidents are very rare, these are mainly due to frustration. There have been no incidents of discriminatory language or behaviour. Staff described inappropriate

⁸ Extra care housing combines accommodation with care and support services. It comes in many forms, from small communities of flats and bungalows to retirement villages. The facilities and care provided will vary, but extra care housing schemes usually include: self-contained adapted flats or bungalows.

⁹ <https://www.swbh.nhs.uk/services/integrated-care-service-icares/>

Integrated Cares, known as iCares, is a service and an approach to managing adults with long term conditions irrespective of their diagnosis, location or age. It includes a whole range of staff including nurses and therapists providing specialist community interventions which aims to avoid unnecessary admissions to hospital, help maintain health and well-being through care management and improve independence and function with community rehabilitation.

sexual behaviour from males. There needs to be an agreed approach to these situations.

Meetings

Multi-Disciplinary Meetings take place every Tuesday and Friday to discuss all Service Users. These include representation from Harvest View, Social workers, YHP staff, iCares and case nurses etc.

Safety Huddle Meetings which discuss issues relating to safety and care including safeguarding. The multi-disciplinary team attend which includes the Manager, Matron, Senior care, Nurses, Assistant Managers, Advanced Nurse Practitioner (YHP), Pharmacy and iCares. These meetings promote shared learning within the disciplines. These discussions include: weight loss, care governance, medication errors, pressure sore risk, infections etc.

Falls prevention is managed in house by occupational therapists, out of hours nurses, YHP staff. All falls are analysed, however, as part of reablement falls are part of risk taking. Where there is a risk of falls Service Users wear sensor pendants around their neck or on their wrist (assisted technology). It was acknowledged that some Service Users do not want to use it, this leads to a decision with regards to Service User choice and their right to take risks and their mental capacity. It was noted that wearing the sensors prepares Service Users for wearing community alarms when they return home.

Where there is high risk for falling on the dementia unit, the risk is managed e.g. using crash mats, lower beds etc.

Staff Team Meetings take place in separate teams (role specific) due to practicalities. There is a timetable of meetings in the staff room. These take place every 4 weeks approximately.

There is a Suggestion box for staff. The Manager gave us an example that there was a request for staffing on reception after 5 pm. This has been actioned with the employment of more staff to cover reception x 7 days 8 am - 8 pm

Training

Staff undertake mandatory training which is face to face and online and includes manual handling (a 2 day practical course). The Cook is undertaking an accredited training qualification.

The Care certificate is being developed¹⁰ There are also ad hoc workshops including some training/workshops, for example the use of bed rails, these are provided by the Nursing staff.

¹⁰ The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

During the visit, Care Staff requested training in catheter care and dysphasia as well as general communication skills.

The Manager gave us an example of staff receiving specific training in dementia to assist a person who was not eating, this training encouraged a consistent approach and led to weight maintenance.

Supervision

Each team is allocated a supervisor who provides induction training, supervision and manages performance during the probation period.

Staff described the **positives** of working at Harvest View which included:

- the philosophy of getting people back on their feet where they receive good care and support in a clean and hygienic venue.

Great place for people who meet the criteria for reablement

- Service Users having an assessment of need by different health and social care professionals under one roof as a positive, which was described as a great support network.

Harvest View is an escape route...it gives people hope when they thought there was none while in hospital

- Service Users are well cared for and have lots of choices with excellent food.

All staff are very caring and it's good a good team to work in

Staff are able to nominate a member of the team to be star of the month, this is publicised in reception.

The creation of Harvest View has been exciting and challenging at the same time. The collaboration of health and social care has worked very well and is continually evolving.

The combining of **2** cultures (health and social care) is managed very well by the **2** senior managers.



It was developed jointly by Skills for Care, Health Education England and Skills for Health.

Harvest View is a combination of two cultures ...we have come a long way

Staff described the **challenges** of working at Harvest View which included:

- Provision of incontinence pads - Harvest View have to buy, although they may be needed as part of reablement. There is a difference in funding for nursing home (Service User pays) and residential care home (free), their own home NHS supplies are available to individual Service Users of the NHS whether they are living in a care home (this does not apply to nursing home care) or living at home. The Black Country Integrated Care Board should have a criteria for this
- The electronic Service User recording system needs to be updated. The Manager informed us that new person centred software is on its way, which will help with the management of information, so that staff have immediate update information about service users e.g. discharge plans
- Staffing levels - There is a need for more male staff to provide care to male Service Users

Recommendations

The Manager and Senior Managers of Harvest View to consider:

1. be proactive on admission about what is available and can be expected at Harvest View especially the frequency and form of physiotherapy. Also promote the Service User Guide and consider posters around Harvest View promoting services
2. liaising with the Black Country Integrated Care Board to address the funding and provision of incontinence pads and to ensure that Harvest View staff are part of the assessment process
3. consider appropriate activities for Service Users who want them for groups/individual to complement the RITA system and the reablement programme
4. confirm if there is a loop system for hearing impaired Service Users and if so, publicise the T sign
5. be proactive in gaining Service Users, relatives, visitors and staffs views about the service, including comments, compliments and complaints
6. encourage Social Workers to develop relationships with relatives so that (where appropriate) they are involved in admission and discharge

7. encourage all staff to deliver person centred care, so that the Service User is communicated with directly in the first instance as opposed to relatives.
8. provide a rolling programme of training for staff to include:
 - basic care training
 - catheter care
 - challenging behaviour
 - specific training in communication skills e.g. dysphasia, basic British sign language, visual impairment, hearing impairment, mental health and learning disabilities
9. recruit male staff to complement staffing levels
10. discuss challenging behaviour from Service Users at handover and encourage all staff to be proactive to read resident boards so that they are aware of any infectious Service User/time of discharge etc.
11. to ascertain staff views, consider an annual survey specific to Harvest View
12. to engage volunteers at Harvest View

Provider feedback

Representatives from Healthwatch Sandwell met with Colin Marsh (Assistant Director: Adult Social Care) on 15th May 2024 to discuss the report and to clarify any queries. The report was welcomed and will be used to develop services at Harvest View.



Address: Walker Grange, Central Avenue, Tipton. DY4 9RZ
Website: <https://www.healthwatchsandwell.co.uk/>
Telephone: 0121 569 7211
E mail: info@healthwatchsandwell.co.uk
Social media:
Facebook: <https://www.facebook.com/HWatchSandwell>
Instagram: www.instagram.com/healthwatchsandwell
Twitter: @HWSandwell