

MULLINURE DAY UNIT

THE VIEWS OF USERS

A report by the

**Southern Health and
Social Services Council**

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1. BACKGROUND

The Southern Health and Social Services Council is one of 4 independent statutory watchdog bodies for health and social services. It has a statutory remit to represent the views and interests of users of health and social services in the Southern Board's area; to keep under review the operation of all health and personal social services, and to make recommendations for improvement where it thinks fit.

In November 2000 the Council participated in a workshop arranged by Armagh and Dungannon Health and Social Services Trust to discuss the provision of day unit services at Mullinure Hospital. The aims of the workshop were to explore the provision of day hospital services at the unit and to examine the interface between day unit and day care and to identify the current strengths and weaknesses of the service.

Users of the day unit were not involved in the November 2000 workshop. Therefore their views as to the extent to which services were meeting their needs was not known. In order to address this shortfall the Southern Health and Social Services Council and Armagh and Dungannon Health and Social Services Trust agreed that the Council would conduct research to examine users' perceptions and experiences of the services they received at the day unit.

About the day unit

The day unit at Mullinure operates as a geriatric day hospital for the assessment, treatment, rehabilitation and maintenance of older people who are physically and mentally frail. The key feature of day hospital services is multi-disciplinary rehabilitation.

Three primary functions of the day hospital have been identified. Each of these correlate with an overall aim to maintain the independence of the individual in his or her own home. The key functions are:

1. To enhance and/or maintain quality of life.
2. To restore physical, psychological and social functioning.
3. To prevent disease and illness.

The day unit at Mullinure links together the services provided by a day hospital with those provided by a day centre. It has 30 places and offers a range of care for older people. The day unit outlines its objectives as:

- Assessment.
- Rehabilitation.
- Maintenance.
- Medical, nursing and remedial care.

When patients first attend they are assessed by a multi-professional team including doctors, nurses, physiotherapists, occupational therapists, social workers, speech therapists and podiatrists. Attendance at the day unit is not normally on a long term basis. After 6 weeks the patient attends a review clinic at which a decision may be taken to either:-

- Continue attendance for the same number of days
- Increase number of days
- Reduce the number of days
- Discharge.

The day unit arranges transport if required and meals are provided.

Current study

The current study was designed to identify users' perceptions and experiences of the services they received at the day unit including what they thought were the benefits, strengths and weaknesses and what were the gaps in the service.

2. METHODOLOGY

Research Aims

The focus of the research was to examine the views of older people of the service they received at Mullinure day unit. The specific objectives of the research were:-

- To detail older people's experiences and views of the assessment, planning and implementation of the care provided at the day unit.
- To identify what benefits were gained by attending.
- To identify the aspects of the services which were particularly valued and/or not valued by older people.
- To identify any areas of unmet need.

Design

- A semi-structured interview schedule was developed to address the above objectives. This method was considered to be more appropriate than a self-completion questionnaire for research in a population of older people.

Procedure

- **Current users**

Approximately 15 people attend the day unit on a daily basis. A senior member of staff within the unit distributed a letter detailing the purpose of the research with a consent form to each current attender. Patients returned the form stating whether they were willing to take part in the research. The completed consent forms for those who were willing were forwarded to the Council. Interviews then took place in a private room within the day unit.

- **Past users**

The sample of past attenders was limited to those who were discharged within the previous 6 months. A senior member of staff telephoned 50 previous users. Those who consented to participate were then sent a written consent form to be returned to the day unit. The details of users who had provided written consent were forwarded to the Council.

The Council then contacted each of the consenting past users by telephone and arranged a suitable time and date for the interview. The interviews took place at the home of each of the past users.

Interviews were recorded with the consent of participants and lasted between 40-75 minutes. All participants were given assurances regarding confidentiality and anonymity of the interview.

Participants

The sample was selected from both current and past users of Mullinure Day Unit.

Table 2.1 Past and Current Attenders (n=40)

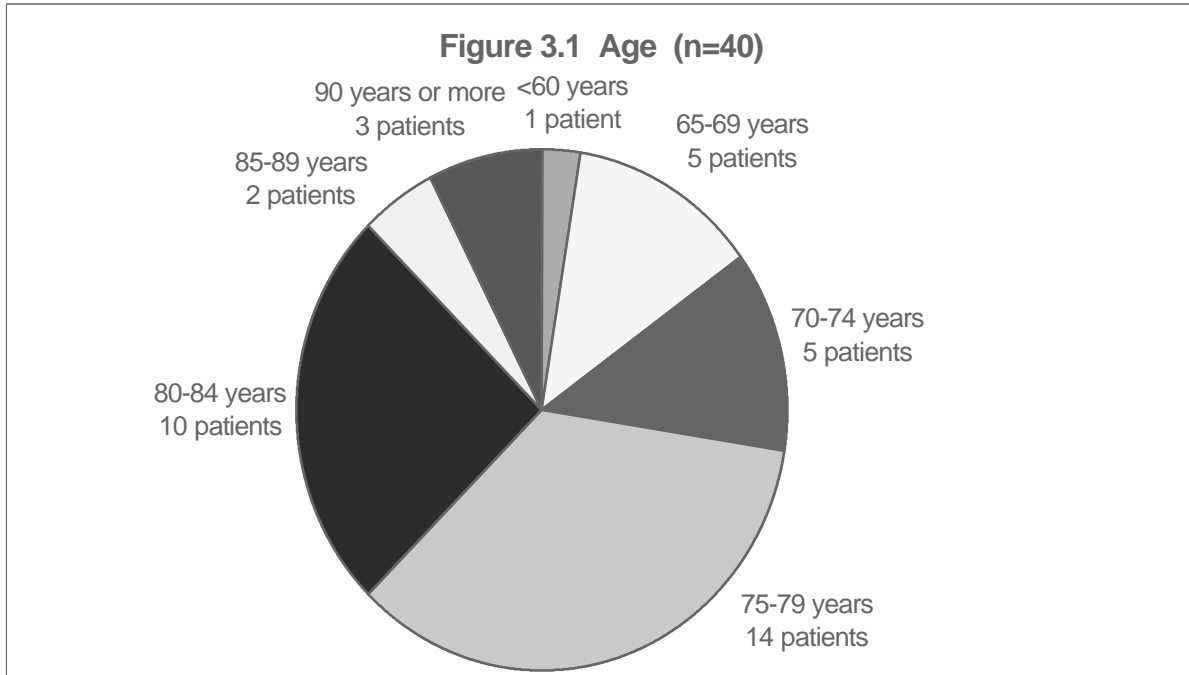
	Male	Female	Total
Current Attenders	7	18	25
Past Attenders	3	12	15
Total	10	30	40

Three quarters of the participants were female (30) and 10 were male. Twenty-five people who were attending the day unit at that time participated and 15 people were past users of the day unit.

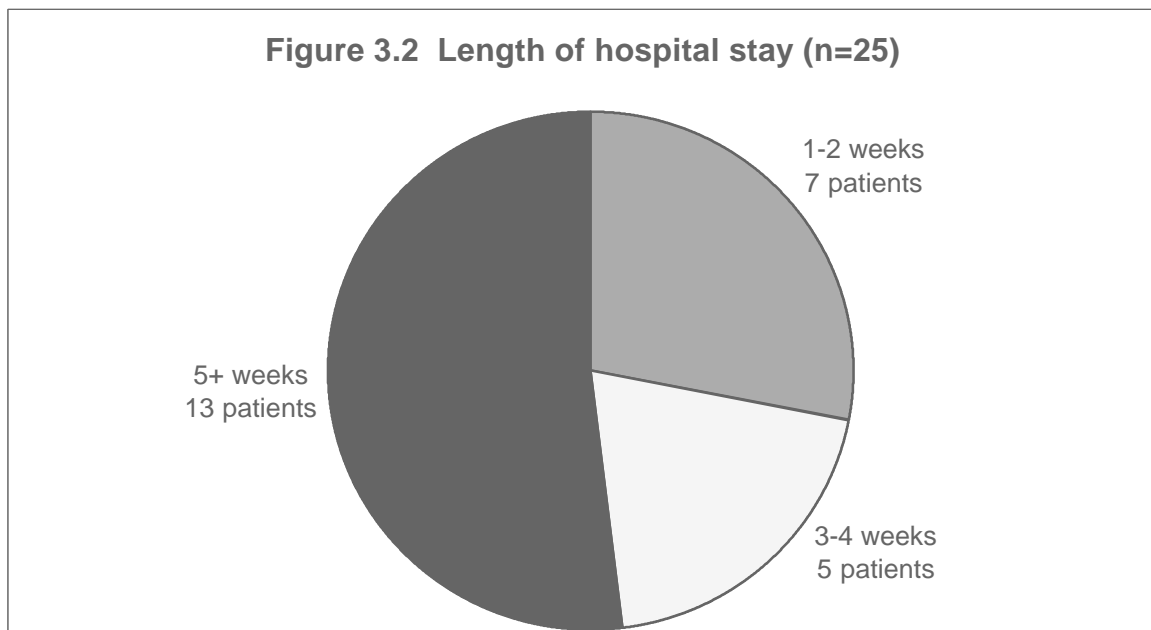
3. FINDINGS

About the day unit users

The age of participants ranged from under 60 years to over 90 years. Over two-thirds (29) were aged between 70-84 years.

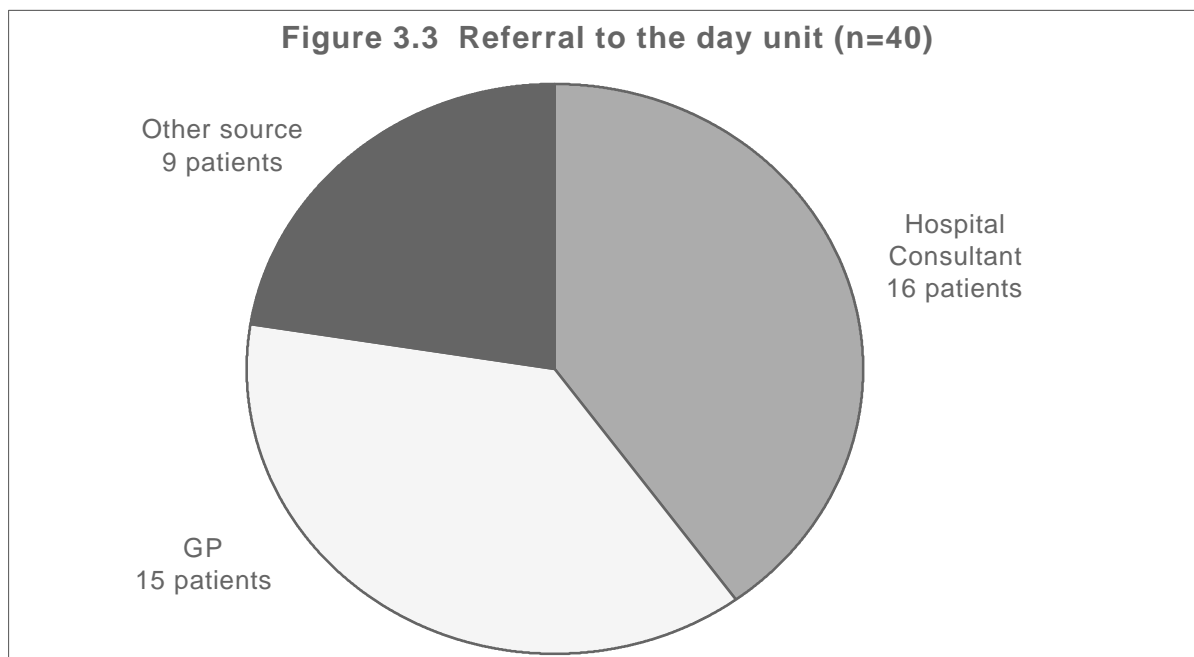


Over half (25) of those interviewed had been in hospital before they attended the day unit. Seven had stayed between 1-2 weeks, 5 stayed 3-4 weeks and 13 stayed over five weeks.



Referral

The majority of participants had either been referred by their GP (15) or by a hospital consultant (16) to the day unit at Mullinure. The others (9) had been referred by other sources such as the district nurse or physiotherapist.



Most participants identified that the reason they were referred to the day unit was rehabilitation. While they did not always refer to it as rehabilitation, they mentioned that the aim of their referral to the day unit was to improve their ability, bring about benefits and help them to be more independent.

“After I had my stroke, I had difficulty walking and my hand was left closed. My GP thought that the more physio and OT treatment would help me improve.”

“My doctor thought it would build me up and it would allow me to become more independent...”

“I had a stroke. Because the constant care has been necessary. I could do little for myself and maybe...through treatment might help me manage a bit more.”

“...for physiotherapy after I had my stroke. The consultant thought that it would help to get me back on my feet again.”

“They thought that this would help to rehabilitate me after they put in a plate on a previous operation. They thought it would strengthen the hip.”

“They (consultant) wanted to get me mobile again.”

Others said that they were referred to the day unit for assessment and observation purposes.

“I was falling and needed help. I told the GP about the problems I was having and he suggested I had some care management. It was really for assessment purposes.”

“I was changing tablets for my Parkinson’s disease so I think they maybe wanted to keep tabs on me.”

A number of people interviewed said they were referred to the day unit for other reasons. This included social and psychological benefits as well as providing respite for a carer.

“For my general betterness. It meant I did not have to lie in bed all day doing nothing...”

“Only to take me out for a while.”

“I had been here before and my GP thought I liked it here. He thought that it lifted my spirits being here.”

Several participants did not know the purpose of their referral and attendance at the day unit. Some stated they were never given the reason for their attendance and others explained that their doctor thought it would be a good idea.

“I had no appetite and I had a lot of stiffness in my legs. It was never fully explained to me why I was attending.”

“I don’t really know why I am coming here, but my doctor seemed to think it would be a good idea.”

“I broke my femur while I was in good health. It left me immobile. The GP never explained to me why I was attending.”

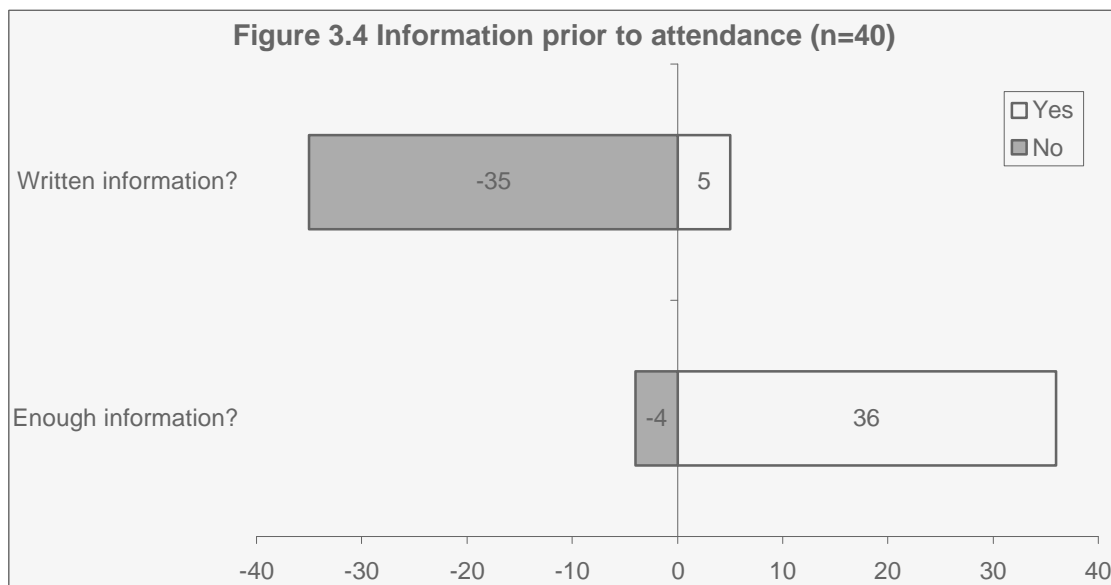
“I don’t know why.”

“I complained about falling. I don’t know why I was sent here. I have angina but it was never explained to me and I was never told why.”

Information prior to attendance

Prior to their attendance at the day unit, 21 participants said somebody talked to them about what would happen at the day unit or explained the reasons for their attendance. However, nearly half (19) said this had not happened.

The majority of those interviewed (35) said they had not received any written information on why they were attending. However, they thought they had enough information (36).



When asked to outline the information they had received, users of the day unit said they had received information about the treatment which would be provided.

“The doctor told me that I needed much physiotherapy and I would receive it at Mullinure. I was also told I would receive treatment for both my speech and hand movements.”

“... They explained about physio and OT and how that could help me.”

“My husband was told that he would receive physiotherapy and was told the length of his stay. He was told he would stay from 10.00am to 3.00pm for a 12 week course.”

“They just explained to me that I would be getting physio. I think that was enough. I don’t know what else they would have needed to tell me.”

Other participants said they received information about the general running of the day unit – the services offered, arrival and departure times, meals and transport.

“I was told a little about the day unit itself, what it did, the treatments it offered and how it aimed to help.”

“...She was also told that she would be collected and brought back. The hospital would also provide the meals.”

“That I was undergoing rehabilitation and also that Mullinure would cater for the social aspect and what that was. I was given a little information of the day unit itself and an overview.”

Some said they were given information about their health.

“They (staff) asked me questions about my walking and ‘do you have a light head?’. I was just given general information about my health.”

“The only information I was given was verbal information about my condition.”

“I was told general information about my care and condition.”

“They (staff) gave me a sheet which showed me exactly what was wrong with me and what I should be doing to make me better.”

However, a number of participants said they had received no information.

“I just came in and was given no information about the unit. I was told that it would be good for me.”

“I wasn’t given any information about how it would help me.”

“I was really told nothing about the unit.”

“I was told nothing beyond it being good for me.”

Several of those who said they had received very little information or none at all pointed out that family members had been involved in discussions about their attendance and treatment. They were satisfied with this arrangement.

“I have nervous problems and I was suffering panic attacks. They thought that it would be good for me though they never really told me why. My husband was told more of what was going on so he knew more than I did.”

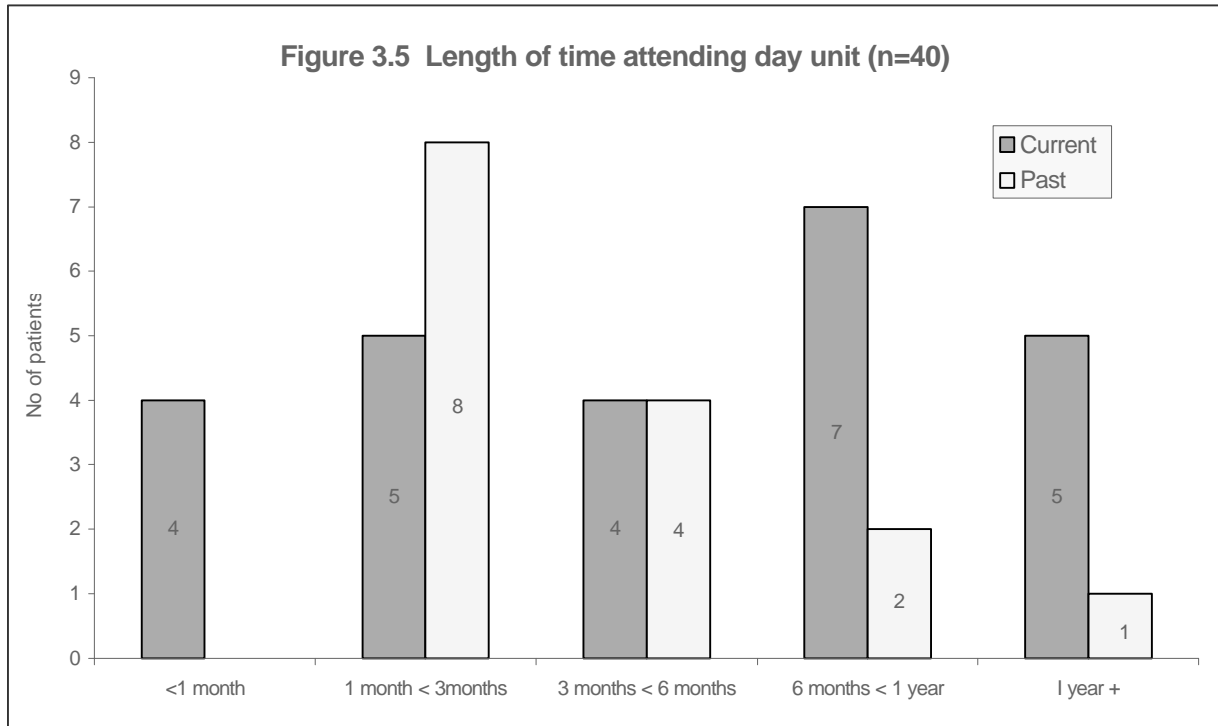
“My family were made more aware of my treatment and what was going on and they were satisfied at how informed they were.”

“My son initiated my attendance and admission to the unit, so he was always kept much more aware of what was going on. Any questions he had were always answered.”

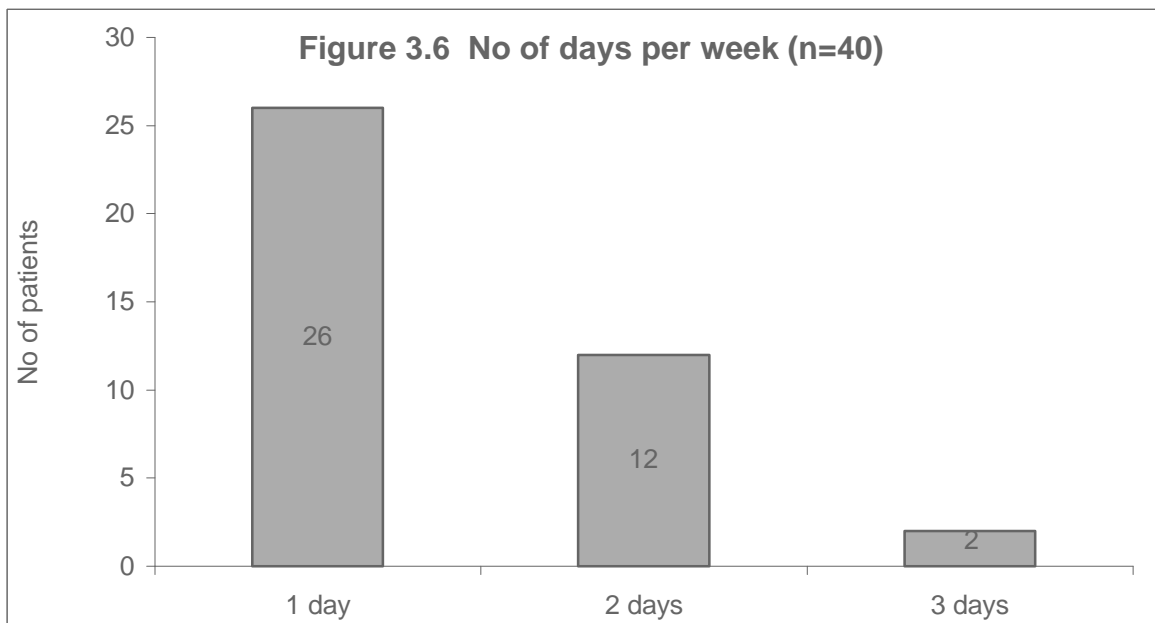
Frequency and length of attendance

The length of time participants had been attending the day unit ranged from less than 1 month to several years. Most of the participants who were no longer attending the day unit had attended for a period between 1-3 months (8), 4 had attended between 3-6 months, 2 for 6 months – 1 year and one person had attended for over a year.

The length of time current users had been attending Mullinure varied from less than a month (4) to over a year (5). Of those who were attending longer than one year, one had been attending for 10 years and another for 3 years.



The majority of participants – both past and current attenders attended the day unit one day per week (26), 12 attended 2 days per week, and the remaining 2 people attended 3 days per week.



The vast majority of participants did not want to change the time they arrived and left the day unit. They were also satisfied with the day or days on which they attended. However 8 indicated what changes they

would have liked. Some wanted to attend for specific scheduled appointments.

“I would prefer to come in for specific appointments because I have other things to do at home. I enjoy my gardening and going out walking at home.”

“My mother would rather have come in for a specific appointment because the constant waiting around made her tired. At the start it maybe wasn’t tiring but after a few weeks it began to take a toll.”

“My wife is very, very limited in what she can do, so what is the point in wasting time there when you can’t do a lot of the different things anyway?”

Others wanted to attend more often.

“I did better when I came 2 days a week so I would really prefer to come for 2 days a week instead of one.”

“I would like to have increased the number of days I attended from one day to 2 days. I think an extra day’s physio would have been very helpful”

A small number of participants (2) said they would have liked either a longer or shorter day.

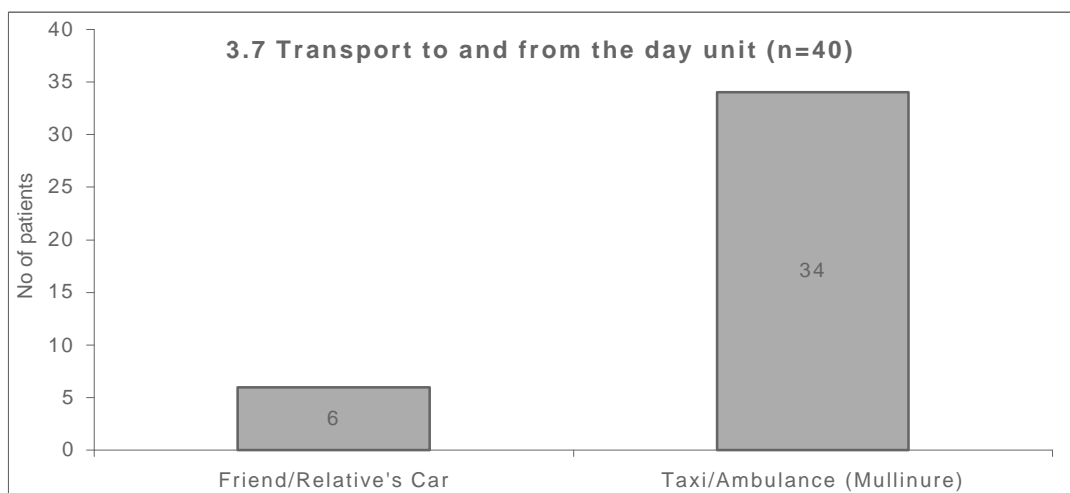
“I would like to have got home a little bit earlier, as I liked to make sure my husband was ok.”

“I looked forward to going so it was never any trouble getting up. Sometimes I would have liked to have stayed on for more games and that because they were enjoyable.”

“There is nothing wrong with the times, it suits me although sometimes I find I want to stay on a little bit longer. They have to fight to get me on the ambulance!”

Travel arrangements

Almost all patients (34) were transported to the day unit by a taxi or ambulance organised by the day unit. The other 6 patients received a lift from friends or relatives.



The transport arrangements suited the majority of those who were interviewed. They mostly found the service reliable and praised the drivers.

“The travel arrangements suit me perfectly. I have found them very reliable and always on time. I have no complaints.”

“Very good and they are always reliable. They are very careful about my safety. I like coming by taxi and have gotten used to it.”

“I have found the transport reliable and helpful. I couldn’t have a long journey at the time of the morning so I like being local for a nice quick journey.”

“It is easy for my wheelchair to get mounted. I have found it always on time, wonderful drivers who are helpful.”

“The travel arrangements were absolutely wonderful. The drivers were very helpful and the car was always clean. I couldn’t speak highly enough of the service.”

“Excellent. The voluntary drivers were more than helpful. I found it very reliable. I’m glad I went by taxi rather than by ambulance. The taxi men would also have got me other messages so they were very accommodating.”

However a few participants highlighted the occurrence of irregular collection times and journey length.

“I like the times but the men tend to be late here and there....”

“It depends on where I am in the queue so my leaving and arrival times vary. I enjoy the journey and the ambulance is very reliable. Although I do prefer the taxi. It is difficult for the drivers because they have a lot of people to pick up and leave off.”

“The journey is not too long although the length of the journey depends on how many people the taxi has to pick up.”

“The taxi driver was the best. The times varies because the taxi has to do a round – picking up other patients.”

What happens at the day unit

The majority of patients arrived at the day unit around 10.00am and left in the afternoon at approximately 2.30pm. The patients were asked to describe what they did and what happened at the day unit over the course of their day. For most, the day consisted of; a cup of tea on arrival, followed by treatment sessions with the physiotherapist and/or, occupational therapist followed by lunch at 12.30pm and then finally the afternoon consisted of activities such as games, quizzes or watching films with the day care worker.

“You arrive around 9.30am and get a cup of tea. After that, around 10.30 you go down to physio where you exercise on the bicycle and the walking rail. I also get my legs dressed in the clinic. Lunch would usually be around 12.30. After that, we do activities in the afternoon, like a quiz, painting or group games.”

“Usually you get a cup of tea when you first come in. Physiotherapy would then start, walking with the frame. Usually you would then have lunch and in the afternoon you play some games and things.”

“You get a cup of tea first thing in the morning. I would then go down to the physio who would give me exercises with the walking aid. The OT would then practice my hand movements with me. Lunch would then be between 12.30 and 1.00. The day care worker would show us slides and do games with us after lunch.”

“I would have spent most of the morning doing hand exercises and leg exercises. We would then rest a while before lunch, spending the rest of the day in the day room.”

Some patients had contact with a doctor, nurse, speech therapist, podiatrist and/or social worker built into their daily routine.

“I would usually have had a cup of tea in the morning when I arrived. The nurse would always have taken my blood pressure before I went down to physiotherapy and OT. In the afternoon we would have done recreation in the day room.”

“We get a cup of tea first thing in the morning. The doctor always gives me a check over for my diabetes. After I see the doctor, I go down to see the physio and OT who give me exercises and heat treatment. Lunch is usually around 12.30 before we go down to the day room in the afternoon.”

“...I spend most of the morning at either the physio or the podiatrist for my foot dressing. They put me on a bed and place my foot in a harness to move my feet...”

“...I would also see a social worker and the speech therapist...”

One person explained that his attendance at the day unit consisted of lunch and some activities in the afternoon.

“I never seen a doctor. I only went for my lunch and then we did some activities in the afternoon.”

Staff

The vast majority of participants had contact with the physiotherapist (39) and the day care worker (37) when attending Mullinure. Over half were seen by the occupational therapist (26) and the nurse (22) and 16 had contact with the doctor. Fewer numbers of participants had contact with the speech therapist (8), podiatrist (7), social worker (5), and doctor. Other staff which a small number of participants had contact with included; dietician, diabetic advisor, dentist and hairdresser.

Physiotherapist	39
Day care worker	37
OT	26
Nurse	22
Doctor	16
Speech therapist	8
Podiatrist	7
Social Worker	5
Dietician	3
Diabetic advisor	3
Hairdresser	2
Dentist	1

Most who had contact with the physiotherapist (39), day care worker (36), occupational therapist (22), nurse (21) and dietician (3) saw them on their all visits to the day unit. Contact with the doctor (15), speech therapist (5), podiatrist (6) and social worker (4) occurred on only some visits.

	All visits	Some visits
Physiotherapist	39	0
Day care worker	36	1
OT	22	4
Nurse	21	1
Dietician	3	0
Doctor	1	15
Speech therapist	3	5
Podiatrist	1	6
Social Worker	1	4
Diabetic advisor	1	2
Dentist	0	1
Hairdresser	2	0

Three people stated that they would have liked to have seen an optician because of the difficulties they experienced in doing so outside the day unit.

“I would like to see an optician to get my eyes tested. I am not fit to get up the steps to see my optician at home. I haven’t really raised it with the nurse though.”

“Hopefully some time an optician would come in. I need my eyes tested and it is too difficult to get up and down the stairs.”

“I would really like to see an optician. My eyes get very sore at night. An optician would be useful if they could get one in.”

Participants were asked whether they felt the sessions with the various members of staff benefited them. The vast majority believed this to have been the case. Every participant who had contact with the occupational therapist, nurse, speech therapist and podiatrist felt that these sessions were helpful to them. The vast majority of those who had contact with the physiotherapist, day care worker and doctor also thought the same. One or two individuals did not think their contact with the dietician, diabetic adviser and social worker were beneficial.

Table 3.3 Contact beneficial? (n=40)

	Yes	No
OT	26	0
Nurse	22	0
Speech therapist	8	0
Podiatrist	7	0
Dentist	1	0
Physiotherapist	38	1
Day care worker	35	2
Doctor	15	1
Dietician	2	1
Diabetic advisor	2	1
Social Worker	3	2

Participants were asked in what way their sessions with the various members of staff benefited them. Some mentioned that they had improved mobility or speech, they were stronger, more independent and able to manage better on their own

“...My legs are now much better and that is due to the excellent care I get from the nurses and the physio. The physio has helped me walk a lot better and more independently.”

“I couldn’t really stand but by the end I was ready to walk again. My speech was not too bad but it is perfect now.”

“I feel a lot stronger now and more mobile because of the exercises both the OT and the physio gave me.”

“If it wasn’t for them I would be bedridden. I am more confident in my walking and I feel much stronger...”

“I have improved a lot and am walking a lot better after seeing OT and physio.”

Others mentioned that they had received encouragement and felt more confident and in control.

“They helped me to walk upstairs and they gave me much more confidence. The nurses encourage you in all the exercises you do by making you believe you can do it.”

“The sessions with staff helped me to walk better and my arms and legs were well exercised. I feel more in control of what I am doing now than when I first came in.”

“I wouldn’t be able to survive without the physio or OT. They encourage me as I do my exercises that I can do it.”

“...They work with me but they encourage me to think and believe I can do it.”

“I felt the good of it almost immediately. They taught me how to do without the frame and they also helped to give me more confidence.”

Other benefits mentioned related to pain relief.

“I am a lot easier since I came here. I have been given great relief for my legs and they (exercises) make me much stronger...”

“The heat treatment and care of my knees and ankles was great and I picked up little hints which would allow me to do it at home.”

“The pain in my knee would have felt great after I got the hot wax treatment.”

“The heat treatment I get given helps to keep the pain away.”

Some participants were less able to identify how they had benefited from the care they received. A small number thought they hadn't benefited at all.

"I can't do much at my age, so I can only walk as well as I could when I came here. I can't walk any easier or better since I came here."

"...I am not sure how useful the appointments are with the dietician and diabetic nurse...because I know the score with my diet, having been diabetic for so many years."

"I didn't see any physio and I don't know what I was there for."

"I'm sure there is a benefit, but I'm not exactly sure in which way. There is not much difference in the pain in my leg."

Some past attenders said that while improvements were made while they attended the day unit, deterioration occurred when they stopped. As such they would have liked to have continued attending.

"I would like to have stayed longer because I think I was better when I went than I am now."

"The physio and the OT were beneficial when she was there and they did help. However my mother got nowhere near enough physio."

"If they had kept my wife longer it may have been more worthwhile and better for her speech. As it was, it was a bit unsatisfactory."

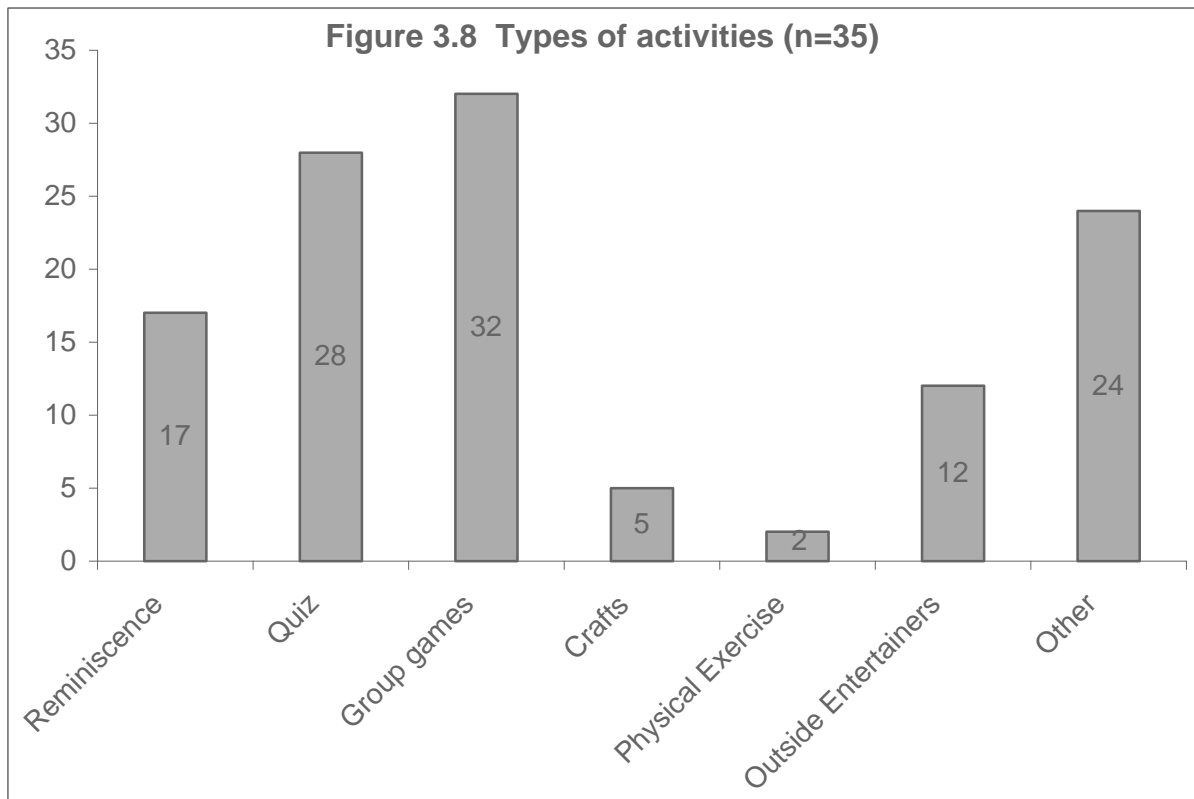
Day care activities

Almost all participants (37) had contact with the day care worker during each visit to the day unit. The vast majority (35) considered the sessions both beneficial and enjoyable. Most current and past attenders (35) took part in some sort of group activities.

Table 3.4 Participation in activities (n=40)

Yes	35
No	5

The most common activities mentioned were games and quizzes. Other activities included; reminiscence using old slide shows, crafts and activities with outside entertainers, such as artists and musicians.



Thirty-four of the 35 participants who took part in afternoon activities described them as enjoyable. The reasons why participants enjoyed the activities varied. Some considered they helped to pass the time and provided an opportunity to interact with others. One patient specifically mentioned that the visit to the day unit was really the only time she spent in the company of other people.

“They are always interesting. I find they prevent boredom. During the quizzes he would give us the opportunity to win prizes and this keeps us entertained for an hour.”

“The activities were good fun. We never had much to do after our exercises so it gave us something to occupy our time with.”

“It helps to pass the time quicker...if I was at home I would have nothing to do. It is also nice to do things with other people.”

“It puts in the day for you. The day care worker is full of chat and the activities involve you with other people.”

“We often get put in teams and this helped to brighten up our week. Sometimes it feels like Mullinure is the be-all and end-all. I don’t know what I would do without it.”

“There were interesting things to do and they were always enjoyable. It also gives us the chance to talk with other people.”

“The company was good and it kept us interested while we waited for the ambulance.”

“I enjoyed the company and the chatter we enjoyed among ourselves. Prizes were given out during the quizzes and things so that made me even keener!”

Others enjoyed the activities because it helped to keep them stimulated and their minds active.

“It passes the time and keeps the brain active.”

“They often brought me into another era. It kept me stimulated because I could get easily vegetated if I sat on my own.”

“Helps me concentrate and keeps my brain active. I don’t believe in simply passing the time because you still look at the time. These activities do more than that – they keep you stimulated.”

“They help me to use my mind. This helps me keep my mind off the MS. It is such a depressing illness and these activities lift my spirits.”

“It keeps your mind alert and your memory in tune.”

Two participants were unable to engage fully in the activities because of their physical health and well being. One patient felt that while other people did enjoy them, she felt they were unsuitable for someone of her age.

“Sometimes, I feel like the games are a little bit childish...”

“My mother was not that struck on the activities because of her speech impairment. Quite often she found the activities embarrassing and she felt self-conscious.”

Some participants indicated that it was the effort of the day care worker which made the activities enjoyable.

“He got us all speaking and working together which helped us to enjoy them.”

“The day care worker was good at his job. He was very professional and he had the right personality for the job. The activities were good fun.”

“The day care worker made sure everyone felt welcome and important. He also tried to get everyone involved so that made it a nice atmosphere. It was all good fun.”

“The day care worker is a nice man and he helps to keep us interested and involved.”

Just over three-quarters of all participants rated the activities as being beneficial. The reasons why they regarded them beneficial were similar to the reasons why they enjoyed the activities: -

- They provided an opportunity for socialising and interacting with others.
- They served as a distraction from their illness/pain.
- They provided an opportunity for mental stimulation and improved mood.
- They prevented boredom and filled free time.

“We always take part with each of the other patients and this helps to keep us sociable.”

“It gives you a little social life which is important because otherwise you could easily become a recluse.”

“The activities keep us from being bored and they give us something to look forward to.”

“It helps to keep our minds active and focusing on other things for a while.”

“They keep your mind occupied and help you to use your mind. It takes your mind off any pain and tiredness you may have and helps to keep the day more enjoyable. They stop me from always thinking about my illness.”

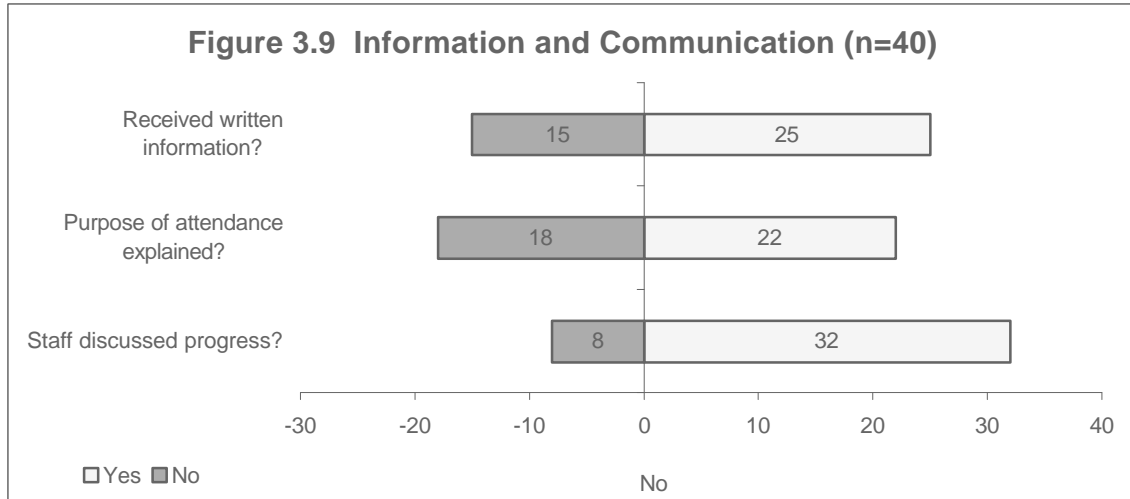
“It starts you thinking and using your brain.”

“They keep you guessing and keep you interested. It makes the day that bit more fun and the day care worker is a lovely fellow.”

“The afternoons were good fun. We never had much to do after the exercises, so it give us something to occupy our times with.”

Information at the day unit

While over half the participants said they had received written information during the time they attended (25) and that the purpose of their attendance was explained to them, a sizeable proportion said this was not the case (15 and 18 respectively). The majority of participants (32) said staff discussed their progress with them.

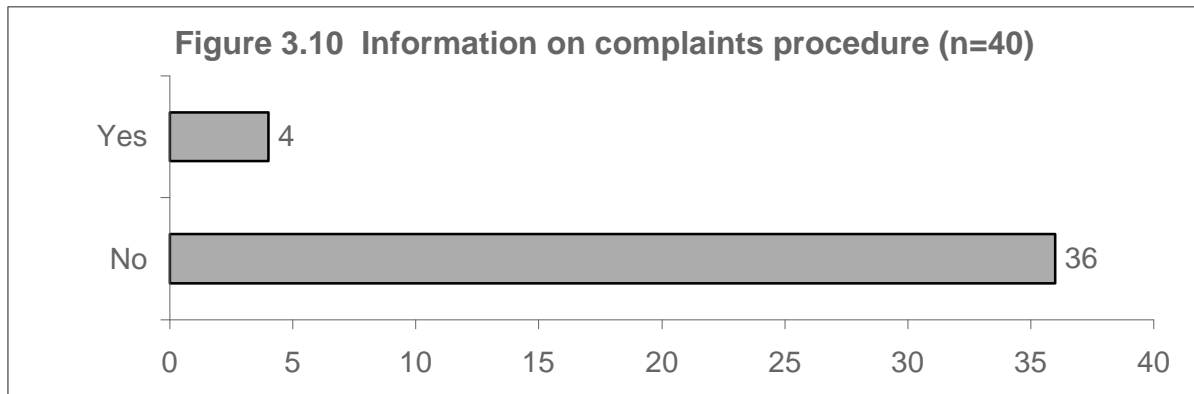


Past attenders of the day unit were more likely than those currently attending to have said they received written information. Two thirds of past attenders had received written information compared to only one person who was currently attending.

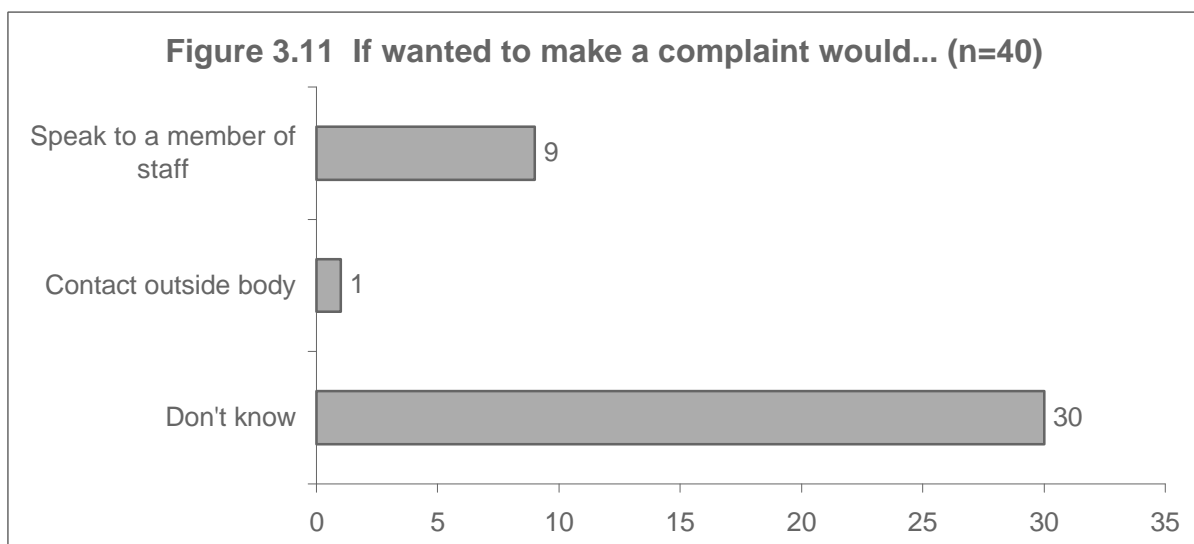
Table 3.5 Written information received(n=40)

	Yes	No	Total
Current attenders	1	24	25
Past attenders	10	5	15
Total	11	29	40

The vast majority of participants (36) said they had not received any information on how they would make a complaint if they needed to do so.



When asked what they would do if they wanted to make a complaint most (30) said they did not know who they would contact. Nine participants said they would speak to a relevant member of staff and one person said they would contact an outside body.



Involvement

The majority of participants (27) said they were aware of their care plan. Past attenders were more likely to have been aware of their written plan of care than were current attenders. All but 2 past attenders knew about their care plan, compared to 14 of the 25 current attenders.

Table 3.6 Written plan of care (n=40)

	Yes	No	Don't know	Total
Current attenders	14	7	4	25
Past attenders	13	2	-	15
Total	27	9	4	40

Less than half the participants (17) said they had been involved in making decisions about their care, 23 had not. Of those who were involved in making these decisions, the majority said they were consulted about their care and treatment and there was co-operation between themselves and the nursing staff.

“If there is anything wrong I discuss it with the nurses. I can tell them any needs and problems I have and they then want to help me in that way. The nurses are there to help me and I know that. They don't dictate to me but support me in what I can or can't do.”

“The nurses never tell you what to do. They would ask ‘are you tired?’ and they work with you on whatever you may or may not feel up to.”

“The nurses would tell you what was going on and why. You were consulted on what you would do and they viewed themselves as being there to help you not to tell you what to do.”

“They asked me and consulted me ‘would this suit you and would that suit you?’. They involved me and wanted my opinion on all that went on.”

Of those who had not been consulted about their care, most expressed satisfaction at this situation. They felt that staff were in a better position to know what should be done.

“The nurses already knew what they had to do and they went ahead and did it. Everything was explained well but they knew the

best. I was quite happy to leave it up to the nurses because I trusted them.”

“I didn’t know what I should or shouldn’t do whereas the doctors and nurses do.”

“I work with the nurses. They know better than me so I try to do what they suggest.”

“I don’t think I was involved in any discussions about my health. Any decisions made were usually suggested and brought about by the staff.”

One participant indicated that she would have liked to have been involved in making decisions about her care and treatment.

“No, I was never consulted about the treatment and care I received. I would like to have had more say in what went on but the staff tended just to do what they wanted.”

Benefits

When asked what benefits they had hoped to achieve by attending Mullinure most said they had wanted to improve their ability to manage independently by becoming stronger more mobile etc...

“Stronger...my family and other people notice the improvements probably more than I do. I would like to be more independent and I think I am since coming here.”

“...I also want to be independent. The care here has helped bring my independence back, because they allow me freedom in what I do and can do.”

“I had hoped to be able to walk a bit better again, and to have more confidence when I was doing things by myself.”

“I really hoped the physiotherapy would help me in my walking and moving around.”

“I want to remain as active as possible and to keep my muscles in working order.”

“I want to be independent. I hope to be as independent as possible when I am at home.”

Others envisaged the benefits as increased social interaction, motivation to get up out of bed and a change of environment.

“It is nice to be asked to come and have your lunch. The company and food is always great.”

“It's a day you look forward to, and it is helpful to get out and meet people. You always meet new people.”

“It gets me up and gets me out. It gives me a reason to get myself up and moving.”

Some participants mentioned specific treatments or nursing/medical care as the primary benefit they hoped to obtain.

“I was hoping I would get my Parkinson's steadied up a bit.”

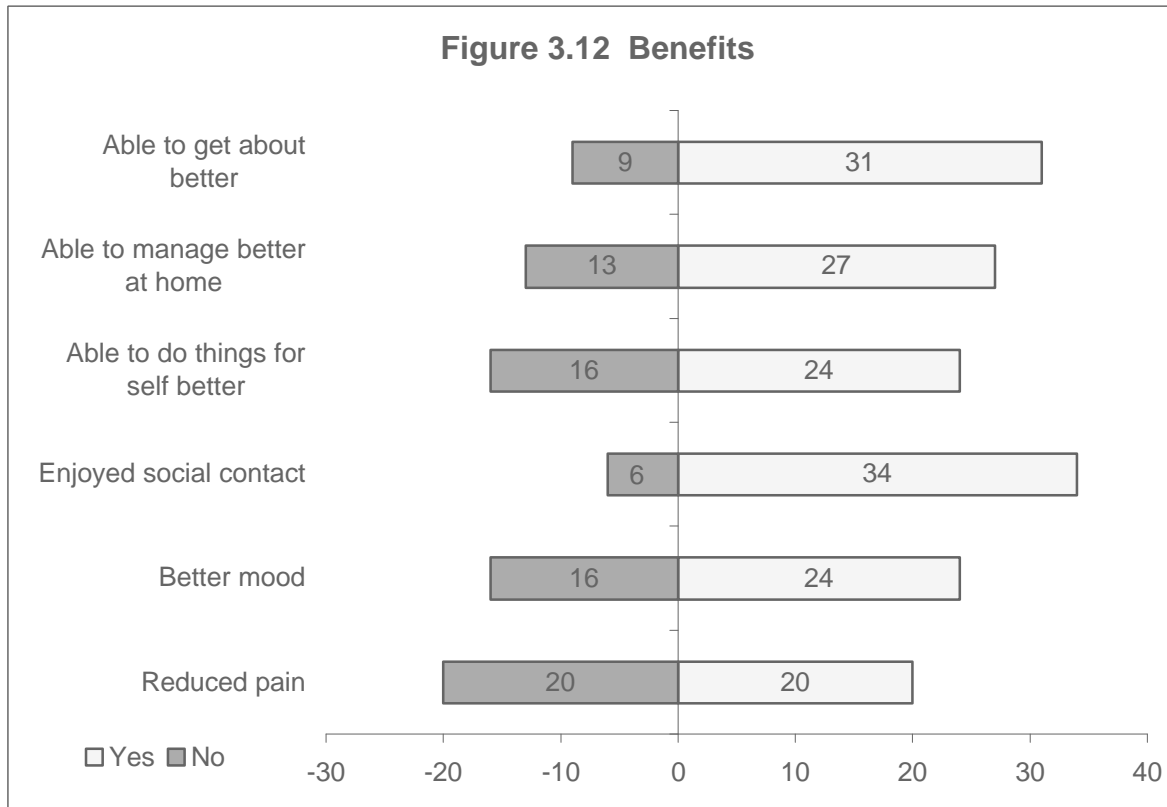
“I get tablets checked, and it's good to know there is always help around if I need it.”

“I had hoped that it would bring my wife's speech back...”

One participant said that her attendance provided her family with respite.

“It helps give my daughter relief at home and gives my family a rest. It also gets me out of the house.”

The majority of participants (31) said they were able to get about better since attending the day unit at Mullinure and had enjoyed the social contact (34). Twenty-seven patients said they could manage better at home and 24 were able to do things for themselves better and were in a better mood. Half the participants said their pain was reduced during their attendance at the day unit.



Every participant said they found the staff very helpful. Most were able to identify how staff had helped them. They pointed to the actual treatment they received, the exercises, motivation, medication, identification of their needs and their kindness.

“They dressed my feet and gave me advice on what exercises I should be doing.”

“They have helped me with my balance and walking by doing the exercises with me.

“They advised me and encouraged me regarding the exercise.”

“...The biggest help I need is really my tablets and they help me with those. I do know that if I was having problems with any of my movements they would also help me out in that way”

“The nurses are always there to help. They know what you cannot do and assist you in doing it. The staff could do no more for you.”

“The staff helped by being so kind to me. They could not have done any more for me.”

Likes and dislikes

A range of aspects were identified in terms of what participants liked about the day unit. Some mentioned the actual treatment and therapy they received. Some explained that they felt much better for it – stronger, more confident, mobile.

“The help from the nurses for my feet. I appreciate their help.”

“I appreciate the help and care I receive. The treatment I get really helps my legs.”

“She liked the physio because it really did help. It improved her mobility and made her stronger.”

“I like getting my treatments because I know they help me and I can feel it.”

“I feel better and more confident since I came here with my walking and my independence.”

Some liked the social interaction aspect of the day unit and that it provided a change of environment.

“Takes me out of the house. I look forward to it - it brightens up my day. You are going to see people you know.”

“It just means you get out to mix with society a bit more. It means you are not stuck in isolation.”

“...I enjoy meeting with people. A place like this can be really helpful for people who are lonely.”

“They sometimes bring down patients from the other wards and there is always people there you know.”

“I looked forward to getting out of the house. It was always good to meet people.”

“The social aspect, you can have an exchange of views and being here makes you feel as though you belong. You don't feel as isolated as you are with other people.”

Others mentioned that they liked the staff and in particular they way in which they were treated.

“People are around to help throughout the day. There is always someone around if you need them. You are given a lot of attention from the staff...”

“I think it's an excellent place, I like the staff because I really feel they care and respect you.”

“Mentally – the way I was treated and the companionship. Marvellous. The staff were perfection personified.”

Others aspects which participants favoured included the food and the activities organised by the day care worker.

“Getting your dinner made for you means you don't have to bother doing it yourself.”

“I enjoy the sessions we have with the day care worker. He always gives us something to put in the time.”

“The amusement and activity part was a kind of relaxation after the morning's work.”

“You always get a nice dinner...”

When asked whether there was anything they disliked about the day unit no current attenders but 4 past attenders identified something.

“The food was a bit rough.”

“The continual waiting about was very frustrating.”

“I was very dissatisfied with the interference of a consultant at Craigavon with my medication. Whatever changed...made set my progress back.”

“I disliked the mornings I had to get up. You would have had to wait for about an hour for the taxi during the cold winter mornings.”

Suggested changes

Many of the participants did not identify any problem with the day unit and thought that nothing about the day unit should be changed.

“None that I can think of. It is a wonderful place. Nursing homes are not as good as this, because the care is not as good. Staff could not be better and I hope it stays for years to come.”

“I can't see how it could be made any better really. I am very grateful for the help and care I receive.”

“I don't think it needs changed. It is not an institutional hospital. You just felt as though you were going out for the day and it really did benefit you.”

“It's hard to know how they would or could do anything more for you...”

Several participants felt that awareness about the day unit should be increased. One person thought the unit provided a model which could be used for others.

“I think it should be advertised more in clinics or doctors' surgeries. Many more people could benefit from Mullinure, whether very sick, ill or lonely. I also think a place like this could help teenagers with drink or drug problems.”

“...I never knew such a place existed so perhaps more people could be made more aware of it...”

“It needs to be advertised more so more people can know about it. Some increased awareness of the day unit would be good...”

Other patients felt the staff were overworked in the day unit and that more were needed.

“I think Mullinure could do with more nurses because they have a lot of work to do in order to see everybody.”

“I think the nurses are short staffed. I don't know how they cope with all the patients...”

“The nurses are overworked. They still do all they can for you but given the number of patients there are and how much they have to do, more nurses would help.”

“The staff were also overworked therefore for maximum care, more staff are really needed. Auxiliaries are needed for more menial tasks that the nurses are presently doing, such as feeding unable patients.”

Other suggestions for improvement included introducing an appointment system for specific treatments, improved follow-up and provision of services after discharge and extra or improved facilities.

“An appointment system. A lot of time seems to be wasted sitting around so it may be more efficient and less tiring for the patients if a system of making specific appointments was brought in.”

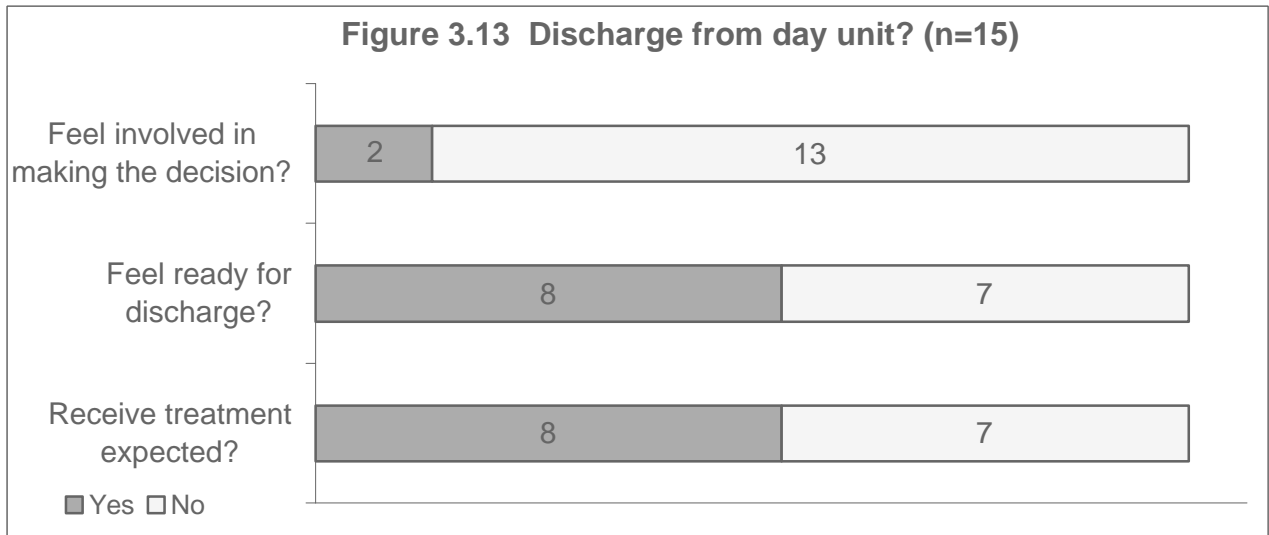
“I also think some more sufficient follow-up should be arranged whereby the physio can come out once or twice a month to check up on those who have left.”

“I think they could do with more funds, I think that this could improve the facilities for OT and physio.”

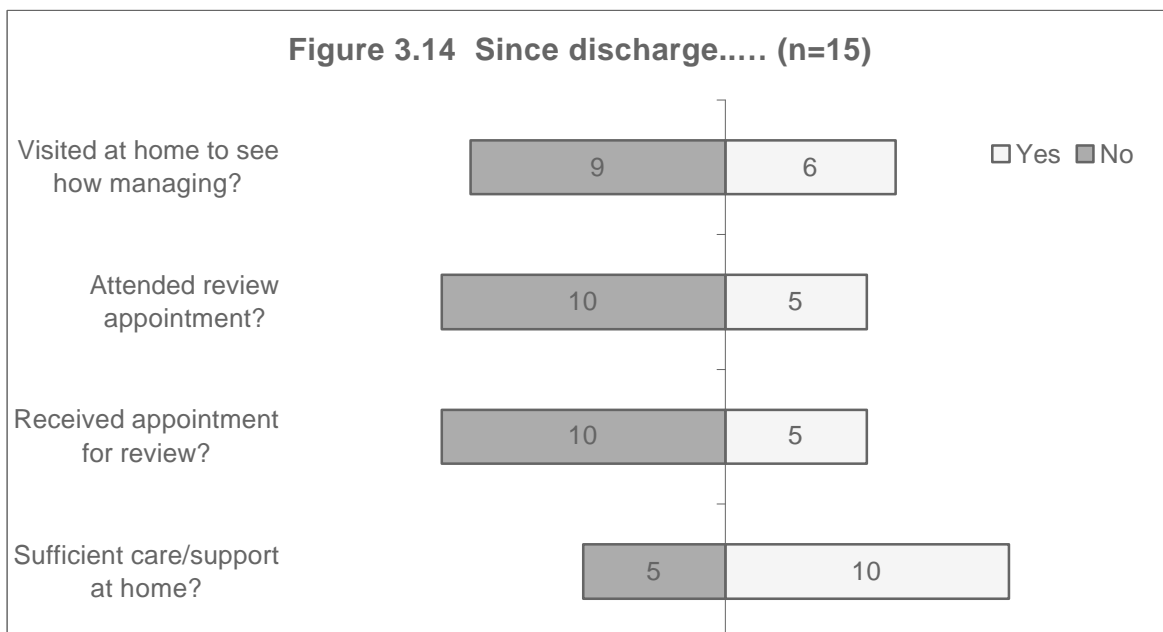
“...extra facilities, games and things.”

Discharge

The majority of the 15 past attenders did not feel involved in the planning of their discharge from the day unit (13). Just under half (7) said they had not felt ready for discharge and that they had not received the treatment they expected.

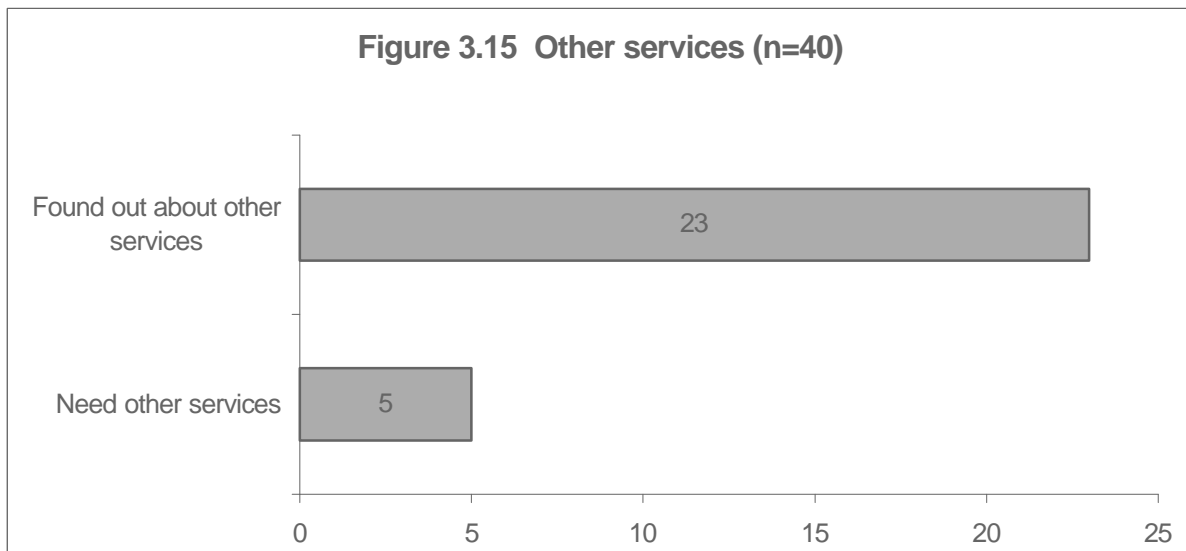


Since their discharge, two-thirds said they had received sufficient care and support at home. However, 9 participants had not been visited by anyone from the day unit to assess how they were getting on. Two-thirds had neither received an appointment for review nor attended a review appointment.



Other Services

Just over half the participants (23) said they had found out about other health and social services available since attending the day unit. The vast majority of those interviewed (35) said that they could not think of any health and social services that they needed which they currently did not receive.



Two past attenders and 6 current attenders identified other services which they would have liked to have received or thought would have helped them. Unmet need for the past attenders related to services provided within the home.

“I think my mother needs some home help who could assist with some household management. She can’t really manage by herself and we cannot always be there.”

“I would like to get weekly bathing instead of fortnightly bathing...”

Some of the issues identified by current attenders were in the process of being provided but others were not.

“I am still waiting on a ramp which I really need.”

“I have been needing home help but it begins next week.”

“I am getting a chair.”

“I would like an assessment by Chest, Heart and Stroke but I think I am getting that.”

“I could really do with someone to give me some help in the kitchen with my cooking. I have never really mentioned it to anyone, as I don’t know how possible it would be.”

“I would like some exercise equipment such as an exercise bicycle. But I do know that funding is a problem.”

4. SUMMARY AND RECOMMENDATIONS

Overall participants expressed positive views of the quality of care they received at Mullinure day unit. Most identified that they were referred to the unit for rehabilitation and most said that they benefited from attending in terms of increased physical ability, confidence, social interaction and mental stimulation. Participants had positive views on the staff with whom they came into contact and they indicated how staff had helped them. Some participants did not receive information about the day unit, their treatment and progress and some also did feel they had been involved in making decisions about their care. However these issues were not unsatisfactory to most. This following commentary summarises the main findings of the research, highlights areas for improvement and makes recommendations.

Referral

The most common sources of referral to the day unit were from a GP (15) or hospital consultant (16).

Most participants understood their reason for attendance at the day unit as rehabilitation and some said they were referred for assessment and observation. However several participants did not know why they had been referred or what was the purpose of their attendance.

- 1. When patients are being referred to the day unit, the referrer should clearly communicate the reasons and purpose of their referral and subsequent attendance.**

Appropriateness of attendance

Some participants identified that the reason for their referral to the day unit was to provide a social outlet or respite for a carer. One participant explained that he attended for lunch and the day care activities which took place in the afternoon.

While the majority of past users attended the day unit for less than 6 months, some current users had been attending for considerable periods of time. Five current users had been attending for over a year - of these one had been attending for 3 years and another for 10 years.

Martin et al (1993)¹ outlined that patients should be discharged from day hospital services as soon as they have met realistic targets or when it is clear that attendance is for social benefit only. Social issues are without doubt an important aspect of rehabilitation, maintaining or enhancing quality of life and preventing disease and illness for older people. However whether the day unit is the most appropriate environment for this service is debatable. An issue which may be useful to take into account when considering the appropriateness of such referrals is the cost-effectiveness of the day unit care for people referred for social reasons versus other forms of day care. In addition it is accepted that it may sometimes be necessary to accommodate a number of social or respite attenders at a day hospital where more appropriate facilities do not exist in that area.

In terms of the use of day hospitals, Black (1998)² stressed the importance of using the day hospital as a resource to prevent hospital admission. The author argued that the care provided in a day hospital environment proved to be very cost-effective in that non-emergency blood transfusions were conducted within the day hospital which otherwise would have required inpatient admission. It was found that the total staff cost of running the day hospital for the year was much less than the cost of the same number of consultant episodes for the transfusions alone.

2. Consideration should be given to the appropriateness of referring patients to the day hospital for social or respite purposes. If other facilities are available which are more suitable for these purposes then these should be used.

Information

Prior to their attendance at the day unit nearly half the participants (19) said that nobody talked to them about what would happen at the day unit or explained the reasons for their attendance and most (35) had not received any written information. Nearly half the participants (18) said that while they were attending the day unit, the purpose of their attendance at the day unit was not explained to them. While most

1 Martin BJ, Devine BL, Santamaria J, Lewis S and Burns J (1993). A Busy Urban Geriatric Day Hospital: Analysis of One Year's Activity. Health Bulletin 51(1) 20-7.

2 Black D (1998). Remains of the day. Health Service Journal 32; 34-6.

participants were satisfied with this situation – 36 thought they had received enough information. The importance of being given clear information about any treatment and care and to be kept informed about progress is enshrined in the Charter for Patients and Clients (HPSS, 1992³).

- 3. Patients should be provided with an information leaflet detailing general information about the day unit including; arrival and departure times, meals, transport, services available etc...**
- 4. Patients should receive individualised information as to the purpose of their attendance, services they will receive, expected length of attendance etc...**

The majority of participants (36) said they had not received any information on how they would make a complaint if they needed to do so. When asked what they would do if they wanted to make a complaint most (30) said they did not know who they would contact.

- 5. All patients should be provided with information on the Trust's complaints procedure and on the role of the Health and Social Services Council.**

What happens at the day unit

The vast majority of participants did not want to change the time they arrived and left the day unit. However 8 participants mentioned changes which they would have liked. Some would have preferred to have attended for specific therapeutic appointments only and not for the full day. They felt that it was a long day and some of it was spent waiting about with nothing to do.

- 6. Prospective attenders at the day unit should be offered the option of attending for the full day or for specific appointments only.**

The majority of participants, both past and current attenders, attended the day unit for one day per week (26), 12 attended 2 days per week and the remaining 2 people attended 3 days per week. While most were

3 Northern Ireland Health and Personal Social Services (1992). Charter for Patients and Clients.

satisfied with the day or days on which they attended, some would have liked to have attended 2 days per week instead of one.

7. Communication with patients on the reasons why they are allocated a certain number of days attendance at the day unit should be enhanced.

Staff

Overall positive comments were made in relation to the various staff groups. They generally perceived that they had adequate contact with the staff and that this had benefited them in terms of improved physical abilities, increased confidence and pain relief.

When asked what changes should be made to the day unit – it was apparent that some participants perceived that there were staff shortages. This perspective often emerges in studies looking at both patients and relatives views of hospital and nursing/residential home services. A number of recent reports by the Council have also identified patient views of staff shortages (SHSSC 2000⁴, SHSSC 2002⁵). A suggestion was made by one participant that additional auxiliary staff should be employed to assist patients at mealtimes.

A number of participants mentioned that they would have liked to have seen an optician within the day unit. One of the reasons for this was the inaccessibility of optician's premises.

8. The Trust should examine the staff complement at the day unit and the need for additional auxiliary staff to assist with tasks such as helping patients at mealtimes.

9. The Trust should endeavour to provide ophthalmic services within the day unit at Mullinure.

4 Southern Health and Social Services Council (2000). Relatives Voices – Relatives' Views on the Quality of Care Provided to Older People in Nursing and Residential Homes.

5 Southern Health and Social Services Council (2002). Services for Older People at Daisy Hill Hospital – The Views of Patients.

Day care activities

The vast majority of participants took part in activities with the day care worker in the afternoon. They enjoyed them and considered them beneficial because they provided for social interaction and mental stimulation. They also served as a distraction to their illness and prevented boredom. The day care activities and interaction with others was identified as an aspect which participants particularly liked about attending the day unit.

Involvement

All but 2 past attenders and 14 of the 25 current attenders were aware of their care plan. Just less than half (17) had been involved in making decisions about their care but 23 had not. Those who said they had not been involved expressed satisfaction at this situation – they felt that staff were in a better position to know what should be done.

10. Patients should be involved in their care plan and decisions about their care and steps should be taken to make them aware of their involvement.

Benefits of attendance

The benefits participants envisaged they would accrue by attending the day unit at Mullinure included improved physical ability, social interaction, psychological benefits and medical treatment. By and large these were the benefits they identified as having received as a result of their attendance. Since their attendance, the majority of participants (31) were able to get about better, 27 could manage better at home, 24 were able to do things for themselves better and 24 said they were in a better mood. Most of the participants identified how staff had helped them gain these benefits.

Discharge and follow-up

Some past attenders said that while improvements were made while they attended the day unit, deterioration occurred when they stopped. As such they would have liked to have continued their attendance.

Thirteen of the 15 past attenders did not feel involved in the planning of their discharge, 7 did not feel ready for discharge and 7 said they had not

received the treatment they expected. Ten had neither attended a review appointment nor received an appointment for review.

- 11. Procedures for involving patients in the decision and preparation for discharge should be improved so that patients feel involved in making the decision and are prepared for discharge.**
- 12. In order to maintain the social interaction aspect valued by participants, the option of attending day care services should be offered to patients on their discharge.**
- 13. Patients should be followed up at regular intervals (3 months) after their discharge to ensure that physical, psychological and social functioning have been maintained.**

