

Welcome to Intermediate Care

 **Information for patients**
Intermediate Care



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Introduction

What is Intermediate Care?

Intermediate Care is a term which is used to describe a range of services offered to patients who no longer need to be in hospital but may need extra support to help them recover.

The aim of intermediate care is to:

- Support your timely discharge from hospital
- Promote your recovery from illness or an operation
- Maximise your independence
- Prevent re-admission to hospital
- And wherever possible, prevent premature or unnecessary admission to long-term residential or nursing home care

What will happen when I arrive?

On the day you arrive, the nurses will see you and make a plan for your care. Over the next few days you will be seen by the Physiotherapist, Occupational Therapist and others from the NHS team (also referred to as the MDT or multi-disciplinary team).

We ask that you stay in your room for the first 48 hours, as you may have picked up a diarrhoea or vomiting bug whilst you were in hospital. This is just a precautionary measure to help us reduce the spread of infection. If you are clear of symptoms after 48 hours, you will be encouraged to come out of your room.

Introducing the team

During your time in Intermediate Care you will have contact with a range of staff from our multi-disciplinary team (MDT). All members of the team may be involved at some point to support you in trying to achieve your goals. This may be during your daily activities (for instance getting up and dressed), during organised group or gym sessions, or in planned activities within your room.

We have staff who are based at the unit and others who are called upon as appropriate during your care. Staff based at the unit include:

- **Physiotherapist**

Our Physiotherapist will work with you to design a treatment programme that aims to improve your mobility and independence. This will be a mixture of exercises that you carry out yourself, direct treatment sessions, and participation in an exercise class, where appropriate. The physiotherapist will also advise carers about your needs and how to help you become more independent during day-to-day activities. This will be recorded in a moving and handling care plan which will be placed on your wall so that it is visible for everyone to see. It will be reviewed during your stay to show your progress.

- **Occupational Therapist**

Our Occupational Therapists are responsible for looking at your home situation (before you went into hospital), and see what help you now need with looking after yourself, for example, with washing and dressing. They may also check your memory using a questionnaire. They will work with the care staff to help you become more independent. Often a visit to your home is arranged, this is known as 'Access Visit'.

- **Therapy Assistants**

Our Therapy Assistants work under the supervision of the Occupational Therapist and Physiotherapist to help deliver your treatment programme. Some therapy assistants are also able to carry out home visits.

- **Nurse Case Manager**

Our Nurse Case Managers help to coordinate your care in the unit and can liaise with any community services you may need at discharge. They are also involved in ongoing assessments regarding your discharge destination.

- **Modern Matron**

Any complex cases or concerns can be escalated to a Modern Matron.

In addition to unit staff we also have regular support from other MDT members including:

- **A local GP**

During your stay in Intermediate Care you will be registered as a temporary resident with a local GP surgery and prescriptions for any medications will be arranged through this surgery. A GP from the practice visits the home each week working as part of the NHS team, and visits are arranged as necessary if you are unwell. When the surgery is closed, the Sheffield Out-Of-Hours GP Collaborative is used. When you are discharged you will go back to your own GP.

- **Consultant Geriatrician**

A Consultant Geriatrician from Sheffield Teaching Hospitals is linked with each of the units. The GP at the unit can contact them for advice on your care and if necessary they may ask for them to visit and assess you in the home.

- **Pharmacist**

The Pharmacist will review your medications, checking for any interactions and making sure they are all still required. If you are having problems taking your tablets the nurses will discuss alternatives with the pharmacist. If you take your own tablets at home, the nursing staff will help you start to do this whilst you are in Intermediate Care in preparation for your return home. The Pharmacist can advise on ways to make it easier to sort out your tablets on discharge.

- **Mental Health Nurse**

The Mental Health Nurse is able to visit individual patients as needed. They advise on the care and treatment for people with confusion, memory problems, dementia or depression.

- **Speech and Language Therapist**

The Speech and Language Therapist sees people having difficulty swallowing food and can advise if changes to your diet are required e.g. thickening fluids or eating a soft diet. They also see people with communication difficulties.

Other members of the team include:

- Nursing staff
- Health Care Support Workers
- Dietician
- Housekeeping team
- Administration team
- Hairdresser

Your care

As a team we will work closely with you and each other to develop your individual care plan. The plan will include realistic goals to help you regain your independence. You (and your family, if you wish) will be involved in your goal setting.

Any medical, nursing, therapy or other needs you have will be addressed during your stay.

A medication assessment will also take place whilst you are with us and all your medication will be provided.

When you arrive you will be provided with a folder that identifies your goals. This will help you, and your family or carers, to keep up to date with your progress.

How often will I have therapy?

The frequency of therapy will vary depending on your needs. Therapy may be delivered in a variety of ways including:

- One-to-one sessions
- Or, individual exercises for you to do independently

It may also involve therapists working with nurses and carers to practice particular skills such as:

- Transferring (e.g. moving from a chair to your bed)
- Helping you walk short distances with a carer (if this is possible)

The therapy team will discuss the goals you are working towards and will review your progress. When your goals have been agreed, they will be displayed on your wall so that all involved in your care can see them.

The therapy team also aim to hold regular group exercise classes, mostly consisting of chair based exercises. The team will let you know if a group class is taking place. There is always an opportunity to chat with our

staff about services that might be of interest to you when you leave Intermediate Care. This can include information about City Wide Care Alarms, equipment, Age UK and ready meals.

It is important that you bring your day clothes to enable you to participate. If you have any questions please speak to the therapy team.

How do we share your information?

There may be a number of people involved in your care. To ensure all team members are aware of your needs and progress we regularly share information through:

- Daily team liaison and handover between shifts
- Shared record keeping (with your consent) and documentation of your progress
- Weekly MDT meetings where we review all patients' progress and plan for the week to come

At any time during your stay, you (and your family, if you wish), can request to see a member of staff to update you.

Will I need a home/access visit?

It is often helpful for the Occupational Therapist or Therapy Assistant to visit your home before you are discharged. This visit enables them to see the layout of your home and advise on any equipment and/or services you may need.

An access visit does not involve you visiting your home as the therapist will meet your relatives/friend or neighbour who can show them around the property. This type of visit can be done before you are ready to return home, so that any equipment/services can be arranged.

What if I am not able to return home?

Although most people return home following rehabilitation, sometimes this is not possible, particularly if you need more help than can be provided in your own home. Ongoing further assessments may well be undertaken in your own home to determine your final discharge destination. The team will organise a discharge planning meeting to discuss these arrangements.

You and your visitors

Visiting times

We do encourage visitors as we know that for most of our patients, having family and friends to visit is the highlight of the day. Having visitors can make a big difference to your recovery.

Visiting times do vary across our Intermediate Care Units. Please check with your unit to find out the visiting times; contact telephone numbers are at the back of this leaflet.

If you have family or friends who need help visiting outside of usual visiting times, please speak with the nurse in charge. Where possible we will try to accommodate individual needs.

Some things to bear in mind:

- Children are welcome to visit but need to be supervised and need to respect other patients staying on the unit
- Therapy may also occasionally be taking place during visiting times
- Visitors are kindly requested to avoid visiting at meal times. This is to give you and other patients protected meal times and also to maintain your privacy and dignity.

Visitors and infection control

Please encourage your visitors to use the **hand rub or wash their hands in warm soapy water before entering and on leaving the unit**. This will reduce the chance of introducing infection.

Please ask visitors **not** to visit if they are unwell, this includes coughs, colds and diarrhoea.

If a visitor has had diarrhoea and vomiting, they should be free of symptoms for **at least 2 days** before they visit you again. If in doubt, please speak to the nursing staff.

Please ask visitors not to sit on your bed or use your toilet.

In the event of you or other patients acquiring an infection, visitors may be asked to restrict visiting until you are well again.

If you have any concerns regarding the cleanliness of the environment please speak to the nurse in charge or ask to see the matron.

Can my relatives be involved in my care?

We welcome relatives and carers to be involved with your care.

With your permission, we will speak to your relatives to find out about the support they gave you at home previously, and how you were managing. If there are any particular concerns about how you managed it is helpful for the NHS team to know soon after your transfer to Intermediate Care.

Preparing for home

Discharge arrangements vary depending on the individual needs of patients. However, there are usually a series of steps and preparations which are made beforehand. In order to assist planning your safe discharge, some or all of the following arrangements will be made:

- **Access visit**

This involves a therapist visiting your home (with your consent) to assess your home environment.

- **Home visit**

A home visit involves you and a therapist visiting your home so that your functional ability can be assessed within your home environment.

- **Equipment delivery**

If you need any equipment and minor adaptations, these can be arranged and delivered to your home prior to discharge.

- **Going home**

Once your programme of rehabilitation within Intermediate Care is completed and all services and equipment are in place (if required), a discharge date is arranged with you and your family.

- **Transport**

If able, a member of your family can take you home on the planned discharge date, otherwise transport will be organised by us.

- **Medication**

On discharge, the nursing staff will arrange medication to take home (it may be different to medication you have at home). Your GP will be informed of any changes.

- **Medical care**

Nursing staff will arrange for any follow up medical or nursing care you may need.

- **Rehabilitation**

If you require ongoing therapy, you will be referred to Community Services to continue with your treatment. They will contact you on discharge.

You and your family/carer will be involved in the rehabilitation process and discharge planning during your stay.

Tell us what you think

At discharge everybody is asked to fill in a "Friends and Family Test" questionnaire about their stay which gives us helpful information about your experiences of the unit. Please do fill this in as it enables us to identify areas that may need improvement. Your opinions are very valuable.

We will not be able to identify your individual responses.

What can I do if I am unhappy with my care?

We welcome all feedback on our services as this helps us to improve.

If you have a concern about the care provided by the nurses and carers, or the environment of the home please speak to the nurse in charge or the Home Manager. If your concern is about the NHS team please speak to the team initially.

If you would prefer to speak to someone else you can also contact our Patient Services Team (previously PALS). They can be contacted by calling **0114 271 2400** or by email: **sth.pals@nhs.net**.

Safeguarding Adults

Some adults are more vulnerable than others. If you have concerns about adult abuse, either something you have heard, seen or experienced, please contact Adult Social Services on **0114 273 4908**. They have a responsibility to take your concerns seriously.

Helping to keep you independent in your own home

The following organisations may be able to provide you with assistance to help your health and wellbeing following your recent stay in Intermediate Care.

Kier Sheffield City Council Handy Person Service 0114 273 5555

Email: sheffield.repairs@kier.co.uk

- Fitting of door chains/spy-holes
- Fitting of window locks
- Moving furniture
- Fitting smoke alarms
- Changing tap washers
- Putting up shelves
- Putting up curtain rails

Age UK Choice 0114 250 2850

If you are aged over 50, Age UK Sheffield can help you to:

- Shop – for one off items or on a regular basis
- Use technology – from your microwave to getting internet access
- Get to wherever you want to go in or around Sheffield (GP/Post Office) or a day trip to Derbyshire
- Keep your home ship-shape by helping you to de-clutter
- Join in – do you fancy going to the theatre? Football? An art class? Age UK can help you get there

Clark & Partners 0800 783 3832

You can try out equipment in Clark & Partners for making daily life easier. From small gadgets for opening jam jars to electric scooters. The staff will be happy to show you what there is and give you advice.

Equipment & Adaptations 0114 273 4709

This is the Council Service contact if you are struggling and need a further assessment for your equipment/adaptation needs.

Carers Stroke Support Group 0114 271 2544 (Kathryn Housley)

A monthly group run in the centre of Sheffield for carers.

CRUSE Bereavement Support 0114 249 3328

Free and confidential advice to bereaved people.

Pakistani Carers Group 0114 275 8879

This group meets every 2 weeks at the Old Firth Park Library and is aimed at women carers from the Pakistani community. There is often a bi-lingual advice worker in attendance as well as a variety of speakers.

Sheffield Alzheimer's Society 0114 276 8414

The Alzheimer's Society provides support for people with dementia and their carers. Referrals for support can be made via this number.

Sheffield Carers Centre 0114 272 8362

Citywide organisation providing support, advice and information for carers.

Email: office@sheffieldcarers.org.uk

Sheffield City Council

Have a look on the Sheffield City Council website for information about ageing well in Sheffield and the Help Yourself website, both have details about a range of support services.

www.sheffield.gov.uk/caresupport/adult.html

www.sheffieldhelpyourself.org.uk

British Red Cross 0114 2427370

A service you can ring to arrange for equipment to be collected if it is no longer used.

South Yorkshire Fire & Rescue 0114 253 2314

For a free Home Fire Safety Check, contact this number, text the word FREE to 87023 or email cfsadmin@syfire.org.uk

Stay Put 0114 256 4270

A voluntary service that will fit rails, key safes and stair rails free of charge (payment for materials / if key safe required).

Stroke Association 0207 566 0300

An excellent resource for information about stroke and resources available in your area.

Sustainable Housing & Affordable Warmth 0114 273 6294

For information and advice on heating and insulation in the home, please ring this number or email Heather.Stewart@sheffield.gov.uk

Trading Standards 0114 273 6289

Trading Standards are there to protect you from rogue traders. They will help you deal with complaints and give advice.

Wicker Mobility Shop 0114 272 3729

You can see and try out equipment in the Wicker Mobility Shop for making daily life easier. From small gadgets for opening jam jars to electric scooters. The staff will be happy to show you what there is and give you advice.

Yorkshire Housing 0114 256 4200

Yorkshire housing can:

- Fit minor adaptations in your home to help you get around your home more easily
- Undertake repairs
- Assist you with a grant application for a major adaptation
- Handyperson scheme

Intermediate Care Units Contact details

Northfield

2a Roebuck Road
Sheffield
S6 3GP

0114 268 7827

Pexton Grange

Pexton Road
Sheffield
S4 7DA

0114 244 1223

Westbourne

379 Earl Marshall Road
Sheffield
S4 8FA

0114 261 8747

Newfield

1 Cat Lane
Sheffield
S2 3AY

0114 250 8688



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