

Enter & View Visit Report

Whipps Cross University Hospital, Frailty Unit (FAU and AAT)

20th June 2019



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“When I have to come to this hospital, I always hope I’ll end up on this ward.

Staff are kind here.”

Frailty Unit Patient

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Visit Details	
Service Provider	Frailty Unit (FAU and including the Admission Avoidance Team AAT) Whipps Cross Hospital, Whipps Cross Road London E111NR
Service Leads	Dr Simon Green - Clinical Director Dr Luis Miei-ro - Frailty Lead Mark Elliott - ADON Maria Pitt - Senior Nurse Frances McCarthy - Matron Marie Collins - Ward Manager
<i>Date and Time</i>	20th June 2019, 10am-3pm
<i>Status of visit</i>	Announced
<i>Authorised Representatives</i>	Joyce Osei - Lead Authorised Representative (LAR) - Healthwatch Waltham Forest (HWWF) Frances Martineau - LAR - HWWF Vanessa Kahahu-Atkinson - Intern - HWWF Jane Merry-weather - AR - HWWF
<i>Declarations of interest</i>	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, patients/service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Enter & View representatives (E&V rep) who assisted us in conducting this visit and putting together this report. We welcome all contributions to this Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where

there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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, optometrists 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 has a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

As part of the wider NHS five-year plan to modernise and improve urgent and emergency care services, Healthwatch Waltham Forest (HWWF) has been commissioned to deliver an Urgent Care Patient Engagement project by reviewing the patient experience of those who use Urgent & Emergency Care Services in Waltham Forest and at Whipps Cross Hospital.

Purpose of Visit

Healthwatch Waltham Forest (HWWF) was commissioned to deliver an Urgent Care Patient Engagement project by reviewing the patient experience of those who use Urgent & Emergency Care Services in Waltham Forest and at Whipps Cross Hospital.

The findings from this Enter & View visit aims to help shape and inform the review of Urgent & Emergency Care Services in phase 1 of the Urgent & Emergency Care Integrated Care Services (ICS). It is also an integral part of the wider work of the Waltham Forest Urgent Care Working Group (UCWG), a multi-agency forum bringing together system partners from the wider Waltham Forest/Redbridge/ Whipps Cross Hospital health and social care economy. The Urgent Care Working Group is led by WF CCG and reports to the A&E delivery board (AEDB) and the WF CCG Governing Body.

Healthwatch Waltham Forest aimed to capture patient experience of people using Urgent Care Services to identify key themes, trends and area for improvement, as well as identify examples of best practice. The information gathered from patients aims to help to improve patient pathways and support the development of an improved experience for patients and service users.

All recommendations or highlights of best practice in this report are based on our observations over multiple visits and evidence from service users and staff

engagement. This report will recommend actions for the provider to implement change

Background

The aim of Forest Assessment Unit (FAU) in Whipps Cross Hospital is to offer safe and compassionate care for frail older people using the integrated care pathway. The unit started as a project in 2015 when the Waltham Forest Clinical Commissioning Group (CCG) enlisted the Patients Association and Barts Health NHS Trust to deliver the Gold Standard Framework; a project designed to provide an improved level of care, compassion and dignity for some of the most vulnerable people in the borough.

The Unit helps frail patients over the age of 65 to have a speedy recovery and avoid a lengthy stay in the hospital. Traditionally, Geriatric Medicine provided this response. However, recent research suggests that better outcomes are achieved from an acute older care assessment unit (Frailty Unit).

The service aims to return the patients who are admitted to the unit via A&E back to their homes within 48 hours if they are well enough to do so. This fast response and action are attributed to the collaboration of the Frailty Unit team with other health and care organisations which enables them to make important decisions faster.

The pathway supports patients with both short-term health conditions resulting from fall injuries and those that require long-term support. The unit benefits from a direct referral line between GPs and colleagues in community care to discuss referrals or seek advice from the specialist team in the Frailty Unit.

Tailored treatments are also available to patients. These are arranged through alternative support services. For example, if a patient is experiencing cognitive and memory issues, the unit can refer the patient to the memory clinic.

This new pathway was designed by Whipps Cross consultants Dr Luis Mieirol and Dr Simon Green, and Frailty Matron Frances McCarthy. The team communicate with other staff within the Trust, external partner organisations and with the general public, including (but not exclusively) CCGs, GPs, local authorities, charities, homeless teams and mental health teams.

Methodology

Healthwatch Waltham Forest undertook research prior to the visit by using our Trends Analysis Report using data gathered by our Patient Experience Panel. In addition, two site visits were carried out to the majority of departments within the Urgent & Emergency service at Whipps Cross Hospital.

All visits were announced. Barts NHS Health were initially informed in writing of all planned visits to each department of the Urgent & Emergency Care service, including the Frailty Unit and the Admissions Avoidance Team. Confirmation and additional information was provided of proposed visit dates.

Patients were informed prior to the visit by means of posters and information booklets, which were sent prior to the initial visit.

Our visit was themed around the following aspects of care provision.

- Patients experience of hospital treatment and care
- Accessibility
- Responsiveness
- Communication
- Complaints

The Engagement Process

We spoke to patients, families and staff about their experiences, suggestions for service improvements by means of questionnaires and observed the service in action.

The engagement activity took place on 20th of June 2019. Our team spoke with patients and also conducted interviews with a variety of staff, including management.

Survey Design

A total of three surveys were designed and included quantitative (mostly multiple-choice options), qualitative (open comment) and demographic questions. Patients were asked to give feedback on the service, also make suggestions for service improvements.

Our questionnaires were designed and used for each service and adapted accordingly to fit the type of service/department and patient need.

- A patient survey comprising of approximately 25 questions
- A staff survey comprising of approximately 23 questions
- A management survey, completed by an arranged interview - comprising of approximately 27 questionnaires.

Summary of Findings

We conducted Enter & View visit on the 20th of June 2019. We looked at themed aspects of care provision, and observed delivery of care. We captured the views of patients, family members and carers to identify any areas for improvement, identify good practice and to assist in peer learning at Barts Trust.

We found the FAU staff team to be welcoming and accommodating over the period of our visit. They were keen to provide us with requested relevant information and assisted us in touring the facilities in a transparent manner. We observed the service to be run well by a focused staff team who were generally caring and compassionate towards their patients and supportive of each other.

We observed collaborative working from this service during our visit. The FAU team meet every morning and afternoon, so that everyone present is able to contribute to the decisions made for each patient. This enables patients to get the right level of support to aid their recovery.

The unit has separate female and male bays. There is a central reception area in between the 2 bays. Each bay has an area designated for staff to sit and observe patients and write up patients progress on a regular basis. The FAU is spacious clean, and bright. There are sensor hand washing facilities on sinks and hand hygiene units throughout the unit.

The unit is dementia friendly and engages patients in a range of activities.

Frailty Unit Key Findings

- All the patients interviewed had a positive experience during their stay at the Forest Assessment Unit.
- The provider had clear structured systems in place, including Risk Management, incident reporting and safeguarding.
- Patients with mobility issues and required further assistance felt adequately supported by staff.
- At the time of our visit there were no complaints about the unit or problems experienced by patients during their stay.
- All the patients we spoke to felt informed about their care plan and discharge plans. Some patients who had already been assessed by the multidisciplinary staff team were awaiting blood tests results that would determine if they were well enough to go home.
- The majority of patients we spoke with rated the service provided at the unit as good. Most patients agreed that they were seen promptly and those requiring treatment were also able to start the treatment quickly.
- Some patients highlighted staff attitude saying the staff were 'nice and caring'.
- All the patients interviewed during our Enter & View visit were happy with the level of care and quality of service received at the Frailty Unit.
- A few patients commented on the layout of the unit which they described as having a nice seating area.

Summary of Findings (continued)

- The ward is not dementia-friendly as per Kings Fund recommendations as there is no access to natural light. However, the staff made significant improvements, such as clocks on the walls, music, aromatherapy, newspapers, and activities to orientate patients throughout the day, to mitigate the architectural limitations.
- Staff members interviewed mentioned that a potential improvement would be to install windows to enable patients to see the weather outside.

Observations

Environment

On our way to the unit, it was noted that the signage for directions was unclear. Once we arrived at the Frailty Unit the signage was clear and bold.

On arrival, staff were welcoming and assisted us in a tour of the unit. The unit is dementia friendly and engages patients in a range of activities such as board games, card playing and music to listen to. Whilst some of the signs outside the ward were possibly out of date, the signs in the ward were clearer and legible. This included signs above each bed foot and each patient wearing a yellow wrist tag reminding them to “Call not Fall”.

All the patients had access to the nurse call system within easy reach.

There was no access to windows or outside space. However, a light that simulates the weather outside has been installed to help patients feel connected to the outside. Images are displayed throughout the ward too. It is not possible to have windows, though it has been said there are plans being discussed to allow patients to be taken outside. It should be noted patients are usually admitted in the ward for only 2 days.

The unit was very clean and ordered. There were no noticeable hazards. Hygiene stations, bins and accessible disposable gloves were placed throughout the ward, and internal notices were clearly displayed such as: PALS, Perfect Ward, CQC rating, complaints procedure and a Leadership team poster.

There is a limited communal area. However, a table and chairs were for patients, families and staff to use when needed. The ward itself was spacious with a good amount of individual space for patients and a good amount of space to carry out the care needed by staff.

At the time of our visit the ward was air conditioned. The beds were equipped with overlay mattresses to avoid bruising and other issues.

Observations (continued)

The ward had dementia friendly elements such as yellow clocks and staff badges. Activities are tried and tested. If they are deemed as not useful, they are taken out of use. Activities proven to be successful are used as much as possible. Volunteers are used to interact with patients in a variety of ways and also deliver 'The Metro' newspaper every weekday to help keep patients stimulated.

We observed staff to be friendly and engaging towards patients. Lockers were available for patient and staff use.

Patient Experience of Hospital Experience & Care

The vast majority of the patients and relatives we spoke to were very positive about the quality of care they received. One patient told us that the ward was, 'the best place to be in the hospital and he would be happy to stay for longer'.

Our team observed and noted respectful, compassionate and professional interactions between the staff and patients throughout the period of our visit.

Staff were attentive and involved the patient with their care.

Staff explained what they were doing and checking if patients were comfortable. While carrying out their duties.

We did not observe any use of translators on the day of our visit.

All of the patients we spoke to told us they felt involved in the decisions made about their care and were satisfied with the service.

On asking patients if they felt listened to and supported by staff when they expressed their wishes/needs, the majority told us that they did.

We spoke to a patient and his relative about their experience; although he had only been on the ward for a few hours. He told us that everything had been clearly explained to him by the doctors. The nurses had provided him with support when he needed it e.g. walking with him to the toilet. He felt they all appeared quite caring. His relative told us that they knew the process with regards to addressing any areas of concern identified. Her only concern was that he was under three different consultants at different hospitals and that they were at times, given contrary advice by these doctors. An example of this was that one doctor stopped his cardiac medication but the cardiologist had told him previously that he must not stop this medication. The relative planned to discuss this matter with his main consultant, at the next outpatient appointment and would aim to get a plan put in place where hospital admission might be avoided. They both felt the ward environment was good and very different from other wards he had been in. Overall, everything was very positive with regards his stay.

Patient Experience of Hospital Experience & Care (continued)

We asked staff how they supported patients who had spiritual needs; we were informed of the onsite chapel available for use to all patients of all faiths.

All patients interviewed had a positive experience during their stay at the Forest Assessment Unit (Frailty Unit).

All the patients were happy with the level of care and compassion provided by the staff. They described the staff as 'caring and helpful'.

Environment/Accessibility

The unit can be accessed via the ground floor of the hospital and is fully wheelchair accessible and clearly signposted. However, signage outside the unit is unclear and confusing.

The service does not have a discharge coordinator in place as the Admissions Avoidance team supports the FAU with discharge planning.

The service had put systems in place to support patients' access, cultural and spiritual needs.

The service has a Language Line service available for people who needed a translation service.

The unit itself is not dementia friendly due to architectural limitations, however, the service has put in place systems to make improvements to support and orientate patients. This includes clocks on the walls, music, aromatherapy, newspapers, and activities. Staff told us that they work closely with the Dementia and Delirium team to provide maximum support for patients.

The Language line is accessed for patients who need interpreting support. Due to the diversity of the FAU staff team, the service was able to provide staff interpreters within the team when needed.

All the patients interviewed (except for one) were brought to the unit by ambulance.

The patient who accessed the service via the Urgent Care Centre. found the booking at reception efficient and rated the administration and organisation highly. This patient found the signage within the unit to be clear.

The service had put systems in place to support patients' access, cultural and spiritual needs.

Environment/Accessibility (continued)

The unit offers a range of services and resources to meet specific patients' needs. The Chaplaincy Spiritual care team offer spiritual, religious and pastoral care to patients. Pet therapy is also available.

All the staff are trained in hand massage. This form of therapy is sometimes used to calm anxious patients.

Responsiveness of Staff

The majority of patients we spoke with told us they had experienced a caring and responsive service. The hospital itself has a chapel in which parish staff are able to offer support to patients who would like to speak with them. Staff noted people of other faiths and beliefs have also benefited from a similar experience. The service had in place a system where each patient had a descriptive file about themselves that detailed information such as their diet, preferred foods and so on. Family members were able to bring food for the patients in addition to the meals provided by the Trust. We observed patients to have water by their bed side. Patients with a red coloured jug indicated that the patient needed and received support with eating.

There were good systems in place to avoid accidents e.g. patients are examined by nurses, whom fill out forms that include a body map (that details any bodily harm or marks), items that belong to patient and so on. This is completed within 6 hours of being admitted into the ward.

An example of the service being responsive was reflected in action taken following an accident, where hand rails were promptly installed in a particular area within a toilet in the unit following a patient who fell in a specific way. We also observed a red call bell in the toilet, which every patient is shown how to use. We were told such incidents are communicated to other wards also. Patients who were prone to falling wore fluorescent wrist bands to identify them as needing support.

The service was shown to work collaboratively with other departments and services, including British Red Cross, Rapid Response, the Dementia and Delirium team, community services and volunteers.

The service had several systems in place to ensure patient safety. For example, non-slip socks, no socks in bed, repetitive checks of suction by beds, fluorescent bands to indicate patients at risk of falling and clear signage for BANK staff. Staff told us about active fundraising in place that had raised money for hair dryers, blankets and decorations for patients. At the time of our visit money was being raised for a fall sensor. We were also informed that Pet therapy had also been introduced to the service.

Responsiveness of Staff (continued)

All the patients we spoke with agreed that their requests for assistance were met within a reasonable amount of time.

All patient beds were fitted with an accessible buzzer which could be used if any further assistance was required.

Communication

We observed communication between staff and patients to be respectful clear and effective. Reception staff showed compassion when speaking with patients. Patients told us they were happy with the level of communication received and had been kept informed by all staff who communicated with them. We observed staff talking to patients with care, friendliness and dignity. Staff informed us that the patient always comes first.

The service provides a full patient assessment which includes an assessment of falls, risk of falls, pressure ulcers, malnutrition and more. Staff attend Triage meetings in AAU 1 and 2 daily also the FAU daily meetings.

Staff told us that there is a collaborative approach to the work of the FAU. A multi-disciplinary meeting is held twice daily and attended by some staff (those across AAU 1 and 2 and FAU). All patient cases, including risk and incidents are discussed at these meetings. risk and incidents are always discussed at these meetings. Some GPs attend FAU board rounds and in order to improve GP and community colleagues' access to Frailty services, the service has created a dedicated helpline to discuss patient cases or provide advice Monday to Friday 9am-5pm.

We were told that the average length of stay on the unit is 24-48 hours before a patient is discharged or transferred to another ward.

Staff told us they were unable to write notes in the hospital system nor access the records of the MDT.

The FAU team works closely with the community social work team in order to prioritise putting in place the necessary services before a patient returns home. Staff described the FAU as a bridging service between hospital and community services. The team work closely with other services i.e. dementia and psychiatry. The service Social Worker also liaises with patients GP's.

Communication (continued)

We were informed that risk factors are monitored via the reports from physiotherapists and Occupational Therapists. This is especially important if there is a risk of a patient discharged to return home without adequate support in place. The service therefore aims to minimise and mitigate for risk. Staff explained there was a real pressure on social services to put care packages in place quickly. Once the patient has returned home the hospital social worker follows up after 24 hours to ensure no initial problems have occurred with the discharge before handing over to the community social worker. The community social worker has ongoing responsibility for the patients and will review the care package.

All the patients we spoke with told us that they felt that their care had been explained clearly and that they had received an adequate amount of information.

The majority of patients felt involved in their treatment and had the opportunity to express their views and choices openly. Patients felt the assistance provided at the Unit was helping them to recover better and faster. This meant they were able to return home sooner.

One patient had a concern about his medication and the slightly differing dosage between different consultants that were involved in his long-term health. However, he was able to raise this point during a meeting.

Staff told us that the unit requires better access to interpreters in order for patients to benefit from the service as best as possible.

Complaints

The service had a structured complaints system in place in which most staff were aware of, including their complaints and incident reporting system. Staff told us that feedback and patient complaints were managed both locally and by the central complaints and governance team. We spoke with the ward Liaison Officer who told us that they tried to resolve any issues before they became formal complaints. The Liaison Officer works closely with the Patient Liaison Service (PALS).

The service had a structured and effective complaints, patient satisfaction and quality patient experience monitoring service in place. Staff were aware of the management escalation, formal complaint process and told us that they had a close working relationship with PALS service. Other members of staff told us that they try to resolve issues or concerns at the first opportunity.

Complaints (continued)

At the time of our visit we observed a varied display of patient information, including 'Did you receive good care today' patient questionnaire, quality standards, CQC and the PALS service.

On speaking with patients, it was noted when they were asked 'If you are not happy with any aspect of your care, are you aware of how to make a complaint?' The majority of patients and their relatives told us that they would speak to a member of staff if they needed to make a complaint. All patients told us that they were happy with the care they had received and did not need to complain about any the service.

All staff use the DATIX system to report adverse incidents, identified risks, complaints as well as compliments. We were advised that member of staff completing the DATIX received feedback from the manager completing the investigation into the event and any action plan arising. Feedback was also given to the organisation through governance meetings and locally through team meetings/discussion.

Staff told us that they raised any alerts or complaints with their line manager and were confident in dealing with minor issues for example reporting faulty alarms.

Staff were generally clear on the Trust's complaint policies and procedures, including referring patients to PALS if they need further help to resolve any issues they may have.

There were no complaints about the unit or problems experienced by the patients at the time of our visit.

All staff are trained in the procedure for reporting incidents or near misses using the Datix electronic system.

Additional Findings

- We found the service to have a strong leadership team in place.
- Staff seem to have a strong team spirit and interact well with each other.
- During the visit staff were taking part in bespoke training.
- Staff in FAU do not have an office or staff room. It should be noted that staff work well around this.
- The 'Perfect Ward' app, allows staff to be aware and clear of the ward audit in terms of; responsive, caring and well led domains (sharing information nationally).
- Handover is constantly updated, sharing of issues is encouraged. The importance of documentation is reiterated to prove good practice of staff.
- There can be many admissions which can be stressful for the team.

Additional Findings (continued)

- Band 7 staff meet HR monthly if needed. This is to address the former culture of bullying at the hospital.
- Aspects of the job are demanding e.g. going to other wards (15 in total, OPS & medical wards) to audit.
- Negative feedback can cause rifts with colleagues. It is suggested Matrons should give feedback instead of staff.
- When staff were asked what they thought could improve the service, we were told service provision in the community needed to improve for patients.
- IT systems needed to be reviewed and upgraded in order to improve system efficiency.

Staff Experience

- The majority of staff we spoke to were satisfied with the induction received at Whipps Cross Hospital. The induction included study days, yearly appraisals and bespoke training programmes.
- Staff demonstrated a clear understanding of risks, how to identify and assess risks and the steps to take to report any incident. There are measures in place to prevent risks.
- The unit manages day to day risk assessment through daily safety briefings, audits, regular risk assessments on patients and identifying risk factors.
- Staff were confident and knowledgeable when logging incidents using Datix Web.
- Staff agreed the working environment is fair, open and transparent. The team we spoke to were confident to approach the manager to report an issue or concern.
- Staff felt very supported by their manager and support each other as a team.
- All the staff interviewed told us they enjoyed their jobs in the Frailty Unit
- Staff told us that they enjoy the close bond they build with patients. Some go out of their way to take part in activities such as playing cards and board games with patients. Other activities patients enjoyed included bingo and knitting.
- Staff highlighted the challenge of the ongoing problematic IT system which sometimes crashes and can take up to 45 minutes to restart again.

Examples of Good Practice

The Forest Assessment Unit demonstrates a number of examples of good practice. These include;

- A strong team ethic with a high level of support from the service ward manager.
- Additional daily safety team meetings in place.
- The service has an audit app in place (Perfect Ward App) which enables shared information locally and nationally.
- All staff trained in hand massage to improve the patient experience on the ward.
- Reading glasses are available for patients.
- The service provides volunteers to sit with patients.
- The service adopts a patient-centred approach.
- The service uses social media to inform and update the public about their service.
- The service works jointly and closely with other services, including the reablement team to provide the best possible patient experience.
- The patient, family and carers are involved in the treatment and care of the patient from the stage of admission to discharge.
- The multidisciplinary team works collaboratively with the community team to facilitate the discharge of patients.
- Staff are trained in all relevant clinical areas focusing on care and compassion for frail older people.

Summary and Recommendations

Our report and recommendations are based upon our observations; information gathered from patients, relatives, carers and staff through interviews on the day of our visit.

We found the service offered an exemplary level of care to the people who used the service. This was reflected in the interviews and observations of interactions between patients and staff and the existing structures and systems in place.

We observed care given to patients using a person-centred approach which enabled patients to be actively involved in decisions made about their care. Patients were treated with care and compassion. The service offered a range of activities and support tools to meet the needs and wishes of their patients. This contributed to the patient's overall improvement in health enabled them to be discharged faster and more efficiently.

Recommendations

Recommendation 1

With your consent we would like to share the good practice that you have in the FAU. We will be reporting back to the commissioners and relevant health and social care forums regarding the outcome of our visit to your service.

Recommendation 2

We recommend a review of the current IT system with a view to improve system efficiency.

Recommendation 3

Our team observed a strong visible management presence and excellent team work in a pressurised environment with a high turnover of patients.

- a) We suggest senior management to put in place additional support systems to ensure that staff are supported in sustaining the high-quality patient care.
- b) Due to the fast pace and high turnover of the service, the nurse's station is occasionally unmanaged and phone calls may be unanswered. For this reason, we suggest that the service review the management of this area. This would help to manage the first point of contact and ensure communication is managed effectively.

Recommendation 4

- a) To explore any possibilities of allowing natural light in to the unit where possible.
- b) To explore options of enabling patient accessibility to the existing hospital garden space.

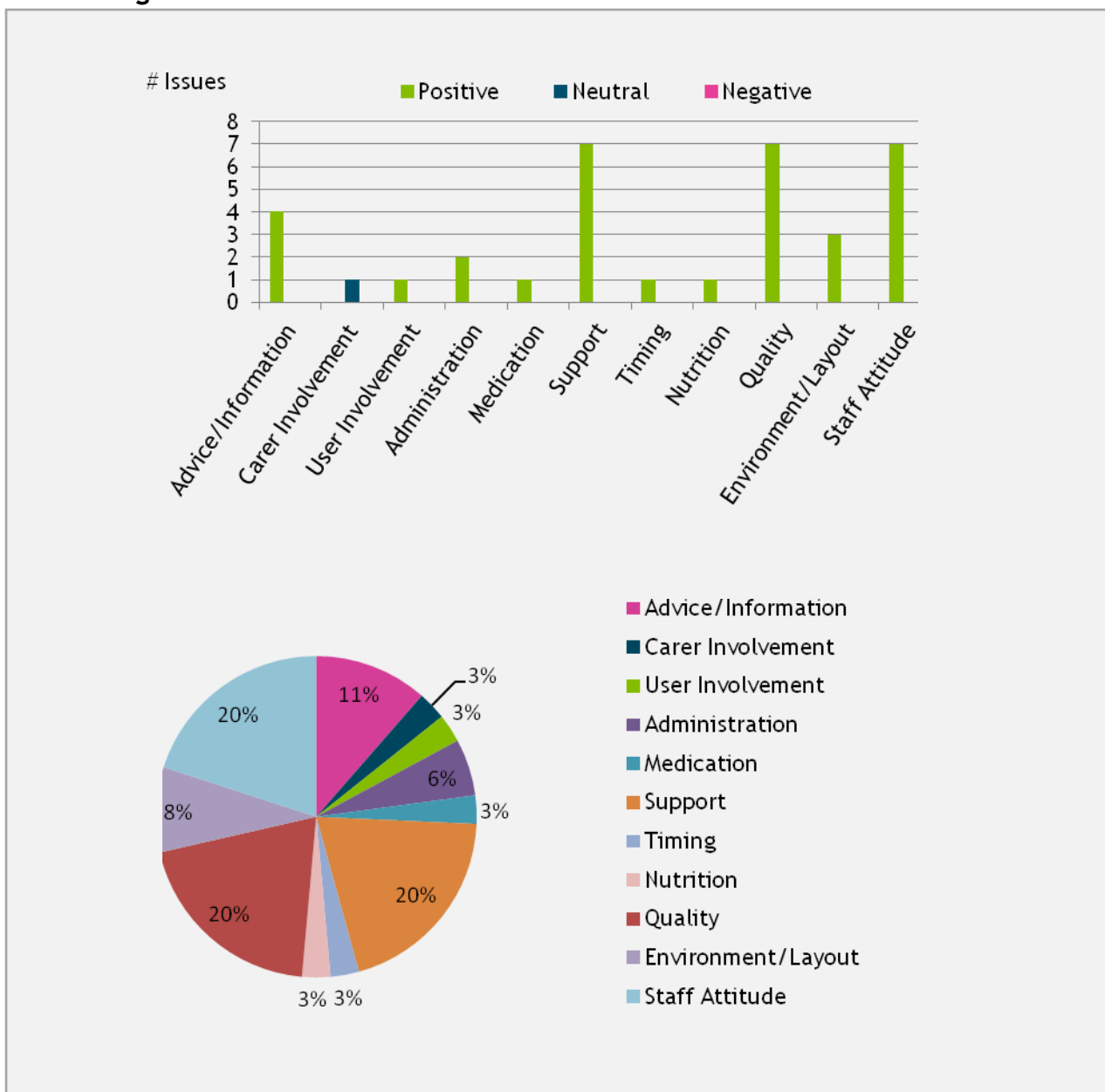
Service Provider Response

The provider has acknowledged receipt of this report.

Data Graphs

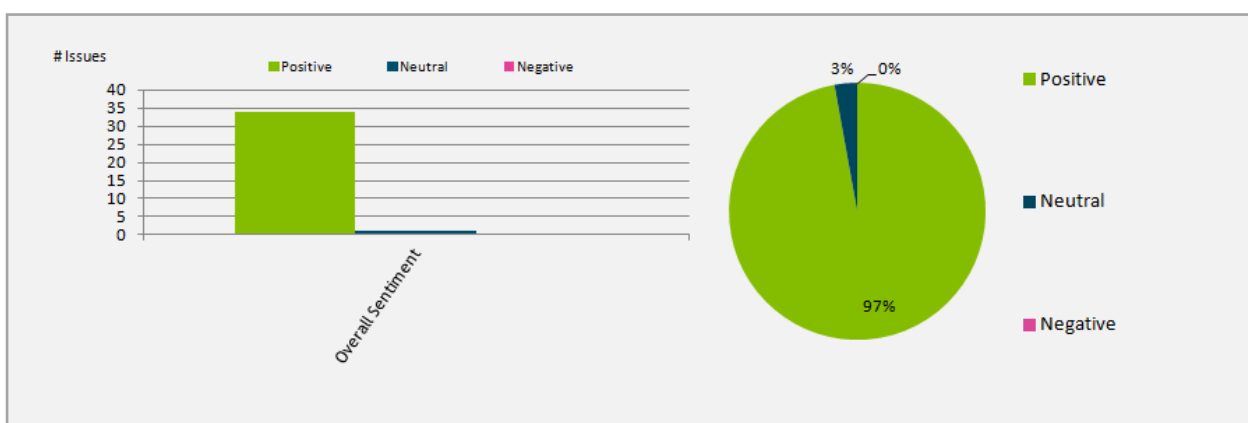
Frailty Unit (FAU and including the Admission Avoidance Team AAT)

Leading Themes



Sentiment

The FAU has a sentiment of 97%. This is indicative of an outstanding service. The entire team should be congratulated for achieving such an impressive score.



Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners.

If you have any comments on this report or wish to share your views and experiences of the community Health and Social Care services in Waltham Forest, please contact us.

About Us

Healthwatch Waltham Forest, Waltham Forest Resource Hub (central), 1 Russell Road, London, E10 7ES.

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“The majority of patients felt involved in their treatment and had the opportunity to express their views and choices openly.

Patients felt the assistance provided at the Unit was helping them to recover better and faster. This meant they were able to return home sooner.”

Authorised representative