

Care at Home

People's experiences of care
received in their own home

February 2017



Healthwatch Leeds is here to help local people get the best out of their local health and care services and to bring that voice to those who plan and deliver services in Leeds.



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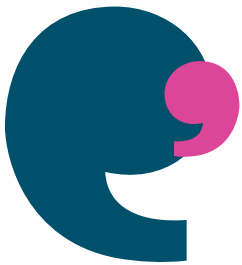
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This project was a follow up to the homecare surveys that we carried out in early 2016. Following the previous homecare report key areas for improvement were identified and recommendations made to address these.

The key messages/recommendations from the last report were:

- A named link or key worker system to be introduced and implemented for every person receiving homecare.
- A simple and clear list of what care needs to be provided to each person should be displayed in their home.
- Review how staff are supported and consider buddying type arrangements for new care staff with more experienced staff in order to provide consistent quality of care.
- Review the communications processes used with both care recipients and their families for consistency and clarity
- Service users should be kept informed and updated about changes to their care.
- All service users and their families should have a contact telephone number for working hours and out of hours.
- Service users and their families to be given clear information about how

often reviews will take place and to be fully involved in those reviews.

We worked in partnership with Leeds City Council (LCC) to repeat the telephone surveys to see what changes had been made and if things had improved for service users and their families. We spoke to 134 service users and/or their families about the homecare service that they received.

The main focus of the survey was to find out about:

- People's experience of the care received
- Their involvement in the care
- Their overall satisfaction with the care

Key Findings

We recognise that the previous year was a period of transition and change for the homecare providers and service users. It is important to note that this can have an additional impact on people's experiences of the service that they receive.

We received a mixed response to the questions. Many people talked of the positive experience of the care they



received and how well they were treated by the carers. However we also received comments about areas which need addressing and improving such as communication with the care agencies.

Listed below is a summary of the key findings of this survey:

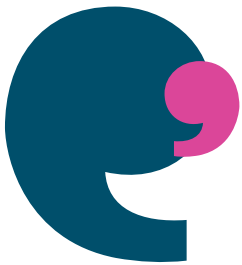
- Many respondents had praise for the care workers, but criticised the agency management as being unresponsive, poor at communication and disorganised.
- Respondents valued the positive relationships built up with their regular care staff.
- There is a lack of consistency in the quality of care provided and this can be dependent on which carers are in attendance.
- Many respondents' experiences are negatively affected by having so many different carers.
- Some respondents reported issues with carers running late or rushing, which had an impact on the quality of their care.
- There were issues with service users having to fit in with what was available to them rather than accessing a service that is planned with their needs and preferences.
- Agencies do not always appear to have

an effective procedure for checking that the planned care is provided.

- Some family members report feeling obliged to fill in and do the job themselves, as a result of variability in care.
- The quality of care provided can be dependent on service users and families being capable of challenge and questioning the service provision.
- The vast majority of people told us they felt they were treated with dignity and respect by most of their carers.

To provide true anonymity for the responders Healthwatch Leeds did not identify individual providers, however the responses were coded so any significant quality concerns could be reported to and tracked back by commissioners. We did review the data for trends but there was variation in the care experience with all providers.





Background/Why we did it



Background

This report is focused on homecare that is funded and commissioned by the local authority and enables people to be cared for and supported to live independently in their own home. Homecare includes a range of support such as help with getting up and going to bed, personal care and help with food and medication.

In 2016 LCC contracted for the provision of homecare services after extensive consultation with service users and service providers. The Quality Assessment Framework (Standards which organisations must comply with) were reviewed and the contract documents were also refreshed. A total of 12 organisations were awarded a contract to deliver homecare across specific geographic locations within Leeds. The new contract came into effect in June 2016.

The total number of service users in receipt of homecare as at the end of December 2016 was **1867**. This number does not include the relatively small number of users who are supported by 'spot' providers who are not included on the new Homecare Framework; this figure is collected from the contracted

providers who are on the new framework.

This survey did not include 'self-funders', people who pay fully and contract directly for their own homecare, as LCC does not have the power to contract monitor these providers, though the providers are monitored by the Care Quality Commission (CQC) who share information with LCC.

Why we did it

People receiving homecare can be very isolated and vulnerable and do not always feel that their views are heard. As part of our role, it is important to find out how services are doing and enable all people in society, especially seldom heard groups, to have a say about the services that they receive. Following the homecare surveys undertaken in March 2016 and the new contracts coming into effect in June 2016 it was agreed that Healthwatch Leeds (HWL) and LCC would work in partnership to check the quality of the service being provided to people in their own home. It also enabled people receiving homecare and their families to speak to someone independent of the Council and CQC (Care Quality



"They are doing a good job and he's getting well looked after. He is familiar with all the carers and has built a good relationship with them"

Commission) and have their say about the service that they received. This was also requested by the homecare service user reference group (formed to help LCC review the quality standards and service specification).

What we did

We worked in partnership with LCC to adapt and develop the questionnaire and consent form used in the previous surveys. This enabled the project to have a clear focus on the areas that had been highlighted as requiring attention in the last surveys.

LCC distributed consent forms to people receiving homecare services to request their consent for Healthwatch Leeds to contact them. We received 169 consent forms and conducted telephone surveys in February 2017. We contacted all those that had given consent and spoke to 134 service users or their family members about the homecare service that they received.

Just over 40% of those that we spoke to were service users and the rest were family members or friends. We also recorded any serious concerns and potential safeguarding issues that we came across while speaking to

'Happy with service, only concern is the reduced time spent on service user if the carer is late'.

individuals and forwarded these to LCC and relevant action was taken.

Out of those that we were not able to speak to the main reason was not being able to make contact despite three attempts being made. Others said they no longer wished to participate and some were too unwell to speak with us.

What we found

The percentages reflect the number of people who answered the question. Not all respondents answered every question

About the Care Received

This section of the survey focuses on people's experiences of care on a day to day basis. This includes questions about the carers and the care that is provided, as well as punctuality, communication and rotation of carers.

The majority of people we spoke to (90%) told us they knew who provided their homecare. However only 70 people (52%) stated that they knew all of the carers that visited them. A further 47 respondents (35%) said that they knew most or some of the carers and 17 (13%) said that they did not know the carers who visited them.



What we found



'Quite happy with the care provided. Good to have the group of 4 carers that come regularly'

People who reported having a positive experience often mention how much they value the relationships that they have built up with regular carers. Family members also stated this as being very important as they needed to be reassured that the carers understood the needs of the service user and were able to provide the care needed.

Some people told us that they had a large rotation of carers and reported that a large number of carers came, including one respondent who told us they had 18 different carers in a single week. This is a key issue for some service users and their families.

Only 45 (34%) of respondents told us they had a named worker, with 56 (42%) saying they did not have a named worker and the remaining 33 (24%) telling us they did not know if they had a named worker.

There was a lot of uncertainty among people about whether they had a named worker with whom they have a relationship and who knows and understands their care needs. This is reflected in the relatively low number



'Very good in every way. They arrive on time, and will do anything for her'

of those who knew they had a named worker. This indicates a lack of consistency and communication from agencies in ensuring that every person receiving homecare has a named worker.

Out of those that responded, 106 (79%) said that carers came at days and times that suited them. 25 (19%) respondents said that carers always arrived on time with a further 79 (59%) saying that this happened most of the time. The remaining 30 (22%) told us that carers sometimes or never arrive on time.

The majority of respondents told us that carers always or mostly arrive on time. However, for almost a quarter of people we spoke to this only happens sometimes or not all. There is a significant quality issue linked to timeliness. The comments made reflect the impact of lateness on the service provided. Respondents reported carers rushing to get things done or in certain instances, lateness resulting in service users having long or short gaps between meals. We were also told about occasions where service users missed out on showers or



a hot meal as carers were running late.

The majority of respondents, 130 (97%), reported that they knew what the carers should be doing. Out of those that knew 95 (73%) stated that they knew this because it was in their care plan, 21 (16%) said it was on an information sheet, 13 (10%) had been told by the care staff and 9 (7%) knew through a recent review. Some respondents selected more than one option for this question.

It is encouraging to see the high numbers of people that knew what the carers should be doing. However there appears to be a lack of consistency and clarity as to how they know this. Some reported that they only knew as the care staff had told them or it was logged in the record book by the carers.

Out of the 130 (97%) that knew what the carers are meant to do 95 (71%) reported that they did what they are meant to, with a further 26 (19%) stating that this happened most of the time. Only 7 (5%) felt that the carers did not do what they are meant to and 2 chose not to answer.

These responses reflect the overall satisfaction with the care workers and the care that is provided. The satisfaction was highlighted when the service users have regular carers that they have built up a relationship with. Any issues around carers not doing what they are meant to usually involved new carers that they were unfamiliar with or when there was a frequent rotation of carers. We were given examples by a number of people of carers not always doing what they were meant to do including not preparing a hot meal, not checking that someone with Alzheimer's had eaten the food prepared for them, or properly locking doors on leaving the home of the service user. Some people also commented that they felt the agency does not have adequate measures in place to check that carers are doing what they should be doing.

70 (52%) respondents said the care agency let them know if anything was going to be different with their care and 59 (44%) told us that they were not informed about changes to care. The remaining 5 (4%) either did not answer the question or it was not applicable as



What we found



'Issues with carers turning up late and service user getting breakfast and lunch late'.

there had never been any changes to the care.

Just under half of the people we spoke to do not feel that they are kept informed about changes to their routine or care. This can include when carers are running late, a regular carer is off or when there are going to be any changes in their regular routine. We were told about instances where carers did not turn up, or came at different times to when they were supposed to. This resulted in very short gaps between meals or people being put to bed very early, or waiting until late to get up in the morning.

The vast majority of people we spoke to (98%) told us that they felt their care workers treated them with dignity and respect. Only 2 (1.5%) felt that they were not treated with dignity and respect and 1 person did not answer this question.

The very positive response to this question indicates that people feel they are treated with dignity and



'Some of the carers are brilliant, with a good attitude'.

respect by the care workers. We were told by some respondents that this did depend on individual carers and was more likely when people had regular carers with whom they were familiar and had built up a good relationship.

About Involvement in Care

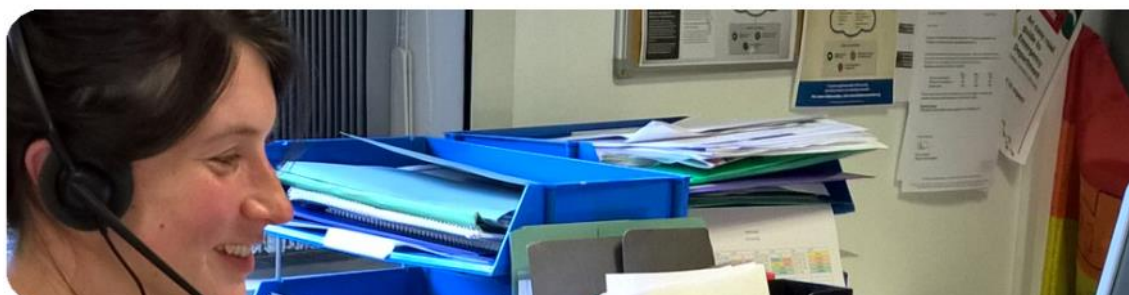
This section covers the role and involvement that service users and families have in the planning of the care provided. This section also asks about ongoing involvement in care through reviews and the flexibility of the service provided to fit around people's needs.

115 (86%) respondents told us that they felt involved in planning their care, 18 (13%) felt uninvolved in planning their care and 1 person did not respond to this question.

Many people felt involved in planning their care and some respondents told us that they were happy to let the agency and social workers decide what was needed and did not want to be involved. Those that did not feel involved cited reasons such as not having a say in when they got up



'Agency do not always inform me if carers running late and not always flexible when needed'



and went to bed or ate, as this was determined by the availability of staff at the care agency. Some of the comments we received suggested there was a level of acceptance regarding what was offered, and people did not feel that they could be involved in planning their care. This included where people felt they had to get up and be put to bed and eat when the agency could get to them rather than when they wanted to.

When asked how often the care agency checks that the care they receive continues to meet their needs, the highest number, 40 (30%) responded that they don't know and a further 32 (24%) told us that this never happened. Only 33 (25%) people said this happened every 6 months, 17 (12%) said it happened every year and the remaining 12 (9%) did not respond to this question.

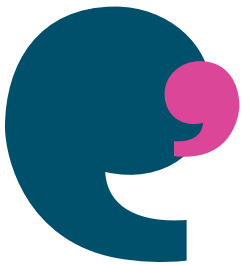
These figures indicate that regular reviews of care are not taking place as they should or people are not aware of these happening. As well as a lack of review, there is confusion and inconsistency about how and when the reviews take place as many people were unaware of these happening. Some

people told us that they had to make a request for a review to take place, others felt that they should manage with what they had been given. Many weren't aware that their care should be regularly reviewed to ensure it continued to meet their needs.

'Does to some extent feel involved in planning of my mothers care but would like more involvement'

The majority of respondents (72%) told us that the care agency works around them when there is a change to their normal routine. Only 8 (6%) respondents answered this question negatively with the rest either not answering or stating this was not applicable.

The responses indicate that overall the agencies respond well when there is a change in people's routine such as hospital appointments and are able to be flexible and work around this. We were told by a few respondents that there is no flexibility provided to fit in around their appointments and the care is just cancelled or family members step in to help.



What we found



Overall Experience of the Care

This section aims to find out how well the care provided meets people's needs and how satisfied they are with the care they receive. This section also covers the area of complaints and out of hours contact and asks if people know who to talk to if they were not happy with anything.

“There is a lack of communication from the office to the care worker”.

101 (75%) respondents told us that they were satisfied or very satisfied with the care provided. A further 25 (19%) gave a mixed response to this question and 7 (5%) said they were dissatisfied or very dissatisfied with 1 person not responding.

While these responses indicate high levels of satisfaction with the care provided, a number of people highlighted that they were happy with the regular care staff but not with the agency. Those that gave mixed or negative responses cited reasons such as poor communication from the agency, lack of regular carers and a

lack of flexibility in the care provided as reasons for their dissatisfaction.

When asked if they would know who to contact if they were not happy with the service provided 122 (91%) told us that they would know. Only 10 (7.5%) people told us they would not know who to contact and 2 left this question blank.

The majority of people felt that they would know who to speak to about any problems or issues, however there were large variations in who this would be. Many said it would be the manager at the care agency or someone from the agency, even though they didn't know who. Others said they would speak to the care staff, the social worker, Leeds City Council or specified Adult Social Care at LCC. This indicates a lack of consistency when providing people with information about making a complaint or raising any concerns.

‘Overall had a very positive experience



'Care workers are great but the office staff are very unorganised'

112 (84%) respondents told us that they had daytime and out of hours contact details for the care agency. However 21 (16%) said they did not have any contact details and 1 person did not wish to respond.

While the majority of people had contact details, there is still a significant number of people that do not have daytime and out of office hours contact details for their care agency. A number of people told us about their frustration when trying to contact the care agency for example if a carer hadn't turned up.

A total of 61 (46%) people that we spoke to had needed to call their care agency out of hours. The majority of people found this to be a positive experience.

Out of those that had needed to contact someone out of hours, many stated that they had received the information that they needed or their query had been dealt with. However almost a third of those that commented on their experience of calling out of hours stated that they had a poor experience with calls not being answered or going to an

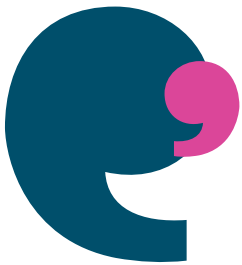
'Good service, carers are consistent.'

answerphone. Others stated that someone was meant to call them back but this did not happen

When asked if they had a copy of the LCC complaints leaflet, 32 (24%) said they did and 55 (41%) told us they did not have a copy. 9 (7%) people said they couldn't remember if they had a copy 37 (28%) said they didn't know and one person did not respond.

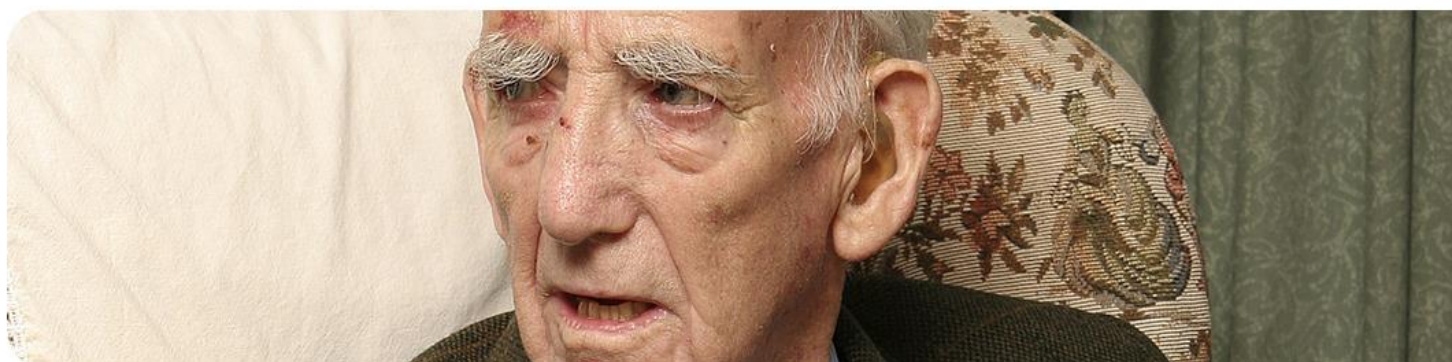
Everybody receiving local authority commissioned homecare should have been given a copy of the LCC complaints leaflet and should be able to access the information in this leaflet if they have any concerns that they wish to raise. The figures suggest that high numbers of people either do not have this leaflet or are not aware of having it even if they did receive it.





Recommendations

Key Messages	Recommendations
Many respondents had praise for the care workers, but criticised the agency management as being unresponsive, poor at communication and disorganised.	All care agencies need to review their management and office functions to ensure that they are communicating effectively, well organised and responsive to the needs of service users.
There is a lack of consistency in the quality of care provided, which can be dependent on which carers are in attendance.	There needs to be a set of clear quality standards for all agencies to comply with. These standards should be monitored and enforced by the agencies and LCC.
Many respondents' experience is negatively affected by having so many different carers.	All agencies to review the recruitment and retention of staff. When there is a large rotation of carers, this needs to be better managed to ensure minimum disruption for service users.
Many respondents reported issues with carers running late or rushing, which had an impact on the quality of their care.	Systems to be reviewed to ensure carers are given enough time to carry out the tasks effectively. Travel time and other requirements need to be factored in between each job. LCC to work with the agencies to ensure this is happening.
There were issues with service users having to fit in with what was available to them rather than having access to a service that fits in with their needs and preferences.	Care agencies to ensure regular reviews are taking place with all service users. This to be monitored by LCC.



Agencies do not always appear to have an effective procedure for checking that care is provided as it should be.	Quality assurance of both systems and experiences to be put in place to ensure that the care provided is monitored. Regular checks on care provided need to take place. LCC to work with the agencies to ensure this is happening.
Quality of care provided can be dependant on service users and families being able to challenge and question the service	The systems outlined including regular review and evidence of compliance should address any inequalities. Regular audits on quality should be provided to LCC as commissioners
Some family members report feeling obliged to fill in and do the job themselves, as a result of deficiencies in care.	Quality monitoring systems should record where care could not be provided by the commissioned agency. The incidences should be reported to the commissioner.

Leeds City Council Response

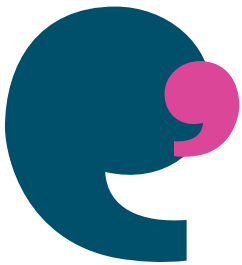
Firstly, Adults and Health Commissioning wish to thank all those involved at Healthwatch Leeds in producing this report, in particular the volunteers who carried out the telephone interviews and the report authors.

In terms of the findings, we also recognise that this year was always going to be one of transition, some of the improvements we are seeking would take time to settle in, and that for many people a change of provider could be worrying. At the same time, we also know the providers themselves, particularly those on the primary contracts needed to significantly

expand their work and to work in new ways, which will take time to embed.

However, we are concerned about the clear variances in quality, and whilst it is heartening to hear of the good work of many carers, it is clear that there are issues re the relationships and communications between care providers and service users, inconsistencies in provision, and some process systems that need to be improved.

We do recognise a number of the positives in the report, notably the high percentage (98%) that felt they were treated with dignity and respect, (97%) that knew what carers are meant to do,



that 86% felt involved in planning their care, and that people overwhelmingly felt that providers respond well to changes in the service users' routines. However, clearly there is specific work needed in areas such as service users having a named worker, and knowing how to contact the agency.

Crucially, we note that the report notes that responses, *'indicate high levels of satisfaction with the care provided'* however, we are acutely aware of the comment that people were *'happy with the regular care staff but not with the agency'*. It is responding to that which will be at the heart of Adult's and Health actions to meet the challenges contained in the report. And whilst we recognise the complexities in delivering homecare, and the sometimes competing pressures, we have high standards in place, and we expect these to be met.

In regard to the specific recommendations identified above, these are largely already in place within our Homecare Standards, which form part of our contract with the providers, or within our existing monitoring systems, we therefore wish to re-invigorate our efforts in

making these work effectively, and we commit ourselves to have a strong focus on improving these.

Our first action will be to share the report with providers and to meet with them to establish specific actions to meet the recommendations above. We will feedback these to Healthwatch Leeds and will continue to work with Healthwatch Leeds on our partnership approach to improving quality of homecare in the city.'

Mick Ward, Interim Deputy Director, Integrated Commissioning, Adults and Health, Leeds City Council & NHS Leeds Clinical Commissioning Groups.

Next Steps

This report and the recommendations will be shared with LCC for them to raise with the care agencies. We will agree with them, next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure that there are changes made to the service so that it is a good experience for everyone. The report will also be published on our website.



**'Good
service,
carers are
consistent'.**

Thank you

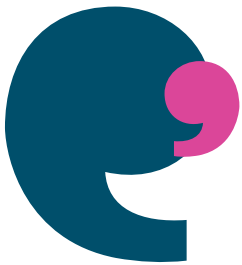
We would like to thank all the volunteers who took part in this project, conducting the telephone surveys and helping with analysing the data. We would also like to thank LCC for working in partnership on this

project and supporting us in accessing the people who receive homecare.

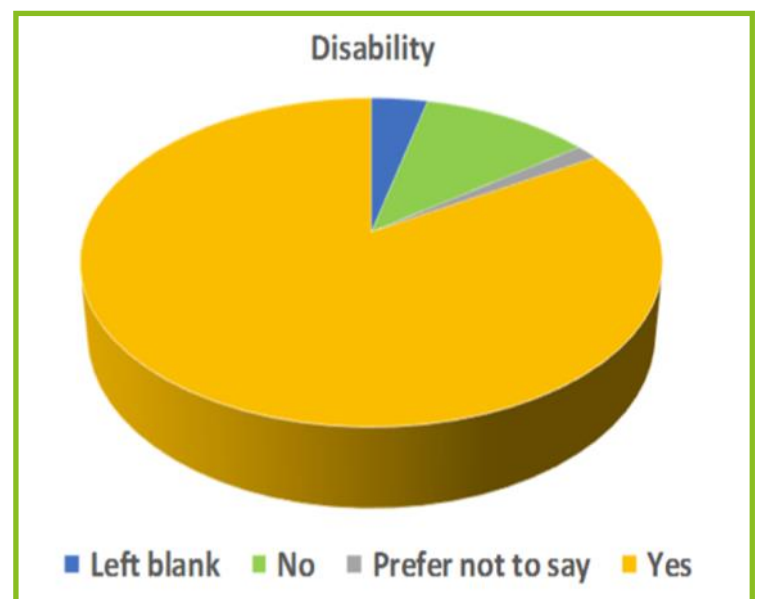
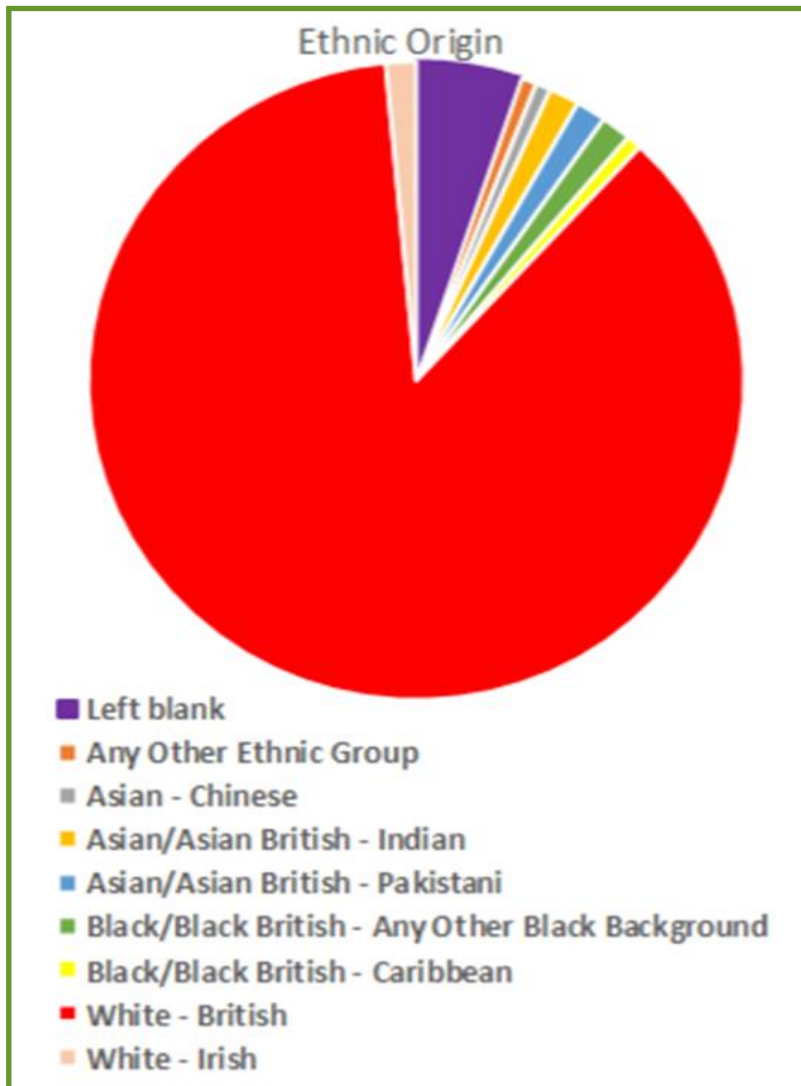
This report has been written by Sharanjit Boughan - Community Project Worker at Healthwatch Leeds, in collaboration with Helen Dannatt and Anna Chippendale (Volunteers)

Appendix 1

Provider	Number	Percent
Not stated	3	2.2
AJ Social Care	1	0.7
Allied Healthcare Group	9	6.7
Ark	6	4.5
CASA (Care and Share Association)	6	4.5
Hales Group	15	11.2
Home Care Support (Human Support Group)	14	10.4
Mears Care Ltd	14	10.4
Medacs Healthcare plc	22	16.4
Radis	3	2.2
Sevacare	8	6.0
Springfield Home Care Services Ltd	33	24.6
Total	134	100.0

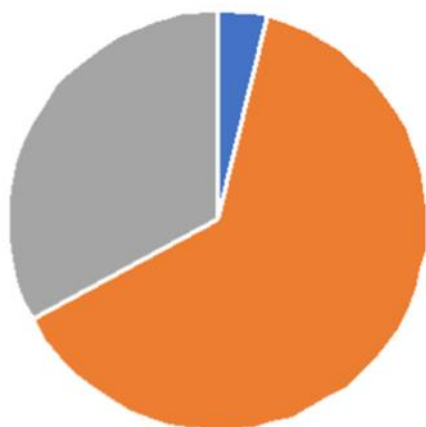


Appendix 2





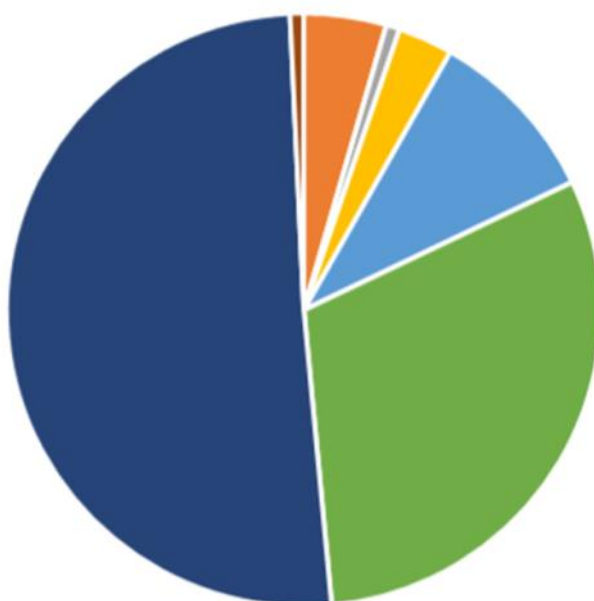
Gender



■ Left blank ■ Female ■ Male



Age



■ Left blank ■ 18-24 ■ 25-49 ■ 50-64 ■ 65-79 ■ 80+ ■ Prefer not to say



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