



Experiences of older people using home care services in the Bradford District: an independent report by Healthwatch Bradford and District.

May 2015



Acknowledgements

Healthwatch Bradford and District would like to thank the hundreds of older people and carers who responded to our survey and took the time and trouble to complete a questionnaire, took part in a telephone interview or had a home visit. We appreciate them telling us their individual experiences of home care services with the aim of seeing improvements for all.

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Description of home care services in Bradford and District

Home care (or “domiciliary care”) is care provided in an individual’s own home, normally of a personal nature such as help with dressing, washing or toileting. It is designed to help people remain independent at home and give them choice and control over how they live. It can be arranged by Social Services following an assessment of need, or can be arranged privately by the individual themselves, or someone acting on their behalf.

In recent years, Bradford Council has reduced the size of its “in-house” Council provided service and commissioned a range of external independent sector domiciliary care agencies to provide home care services in people’s homes. Whilst the in-house Council home care team (Bradford Enablement Support Team or “BEST”) provides a free enablement service to maximise people’s ability to live as independently as possible, a service that lasts a maximum of 6 weeks, people assessed as needing longer term support will receive this from a private or independent sector home care agency. At present, the Council commissions services for older people from 55 accredited home care agencies, although there are a few large agencies that provide the bulk of the care. The total number of older people aged 65+ who had their care needs assessed between 2014 -2015 was **3,470** via a self-directed support assessment. In May 2015 some 1991 people aged 65+ are receiving home care services: 369 from BEST, and 1622 long term service users receiving care from independent home care providers commissioned by the council.

Why we carried out this project

Home care services are a vital part of social care for some disabled or older people, helping to keep them living at home and remaining more independent. There are a growing number of older people in our district living longer, with many requiring some support at home, but there are significant pressures on public finances. Nationally, a number of studies and organisations have raised concerns about the quality of home care services, including rushed visits, lack of dignity and respect, low wages, unpaid travel time, unrealistic rotas and the pressures on staff which impacts on service users.

Locally there are similar concerns, with significant pressure on adult social care budgets, tightening of the Fair Access to Care Services (FACS) threshold and a growing dependence on externally contracted independent sector home care providers.

Bradford Council’s Health and Social Care Overview and Scrutiny Committee have taken a particular interest in home care services and carried out a detailed examination of domiciliary care, in particular the implications of the £12.50 fee for standard domiciliary care per hour. The investigation took place on Wednesday 7 and Friday 9 January 2015.

Healthwatch had feedback from a number of individuals and partner organisations about home care. In 2014 the Care Quality Commission had issued formal warnings to one home care agency commissioned by Bradford Council.

For all these reasons we decided we would do a more detailed piece of work and met with two Assistant Directors in the Council’s Adult and Community Services department to scope the work. We agreed that Healthwatch could most usefully get more information about the experiences of older people using externally commissioned independent sector home care services.



‘Come on time, slow down, and smile’: experiences of older people using home care services in the Bradford District.

The following report is based on 240 responses from older people or their carers. (Details of our approach to the project, what we did and who we heard from are in the appendix).

Key findings

- People we heard from **valued their home care service** and recognised its importance in keeping them as independent as possible and enabling them to live at home.
- **Timeliness of visits** - almost two-thirds of respondents said care workers are mostly on time, however many respondents raised concerns about rushed visits, unpredictable and variable timings of care and missed visits.
- A significant number of people said that **communication** about delayed arrival times or cancelled care visits was poor.
- **Delivering planned care** - just over half of the people we spoke to said duties on the care plan are always followed, the remaining respondents felt there was insufficient time and/or carers’ approach or skill level resulted in care needs not being met. Medication is a particular issue for some people.
- **Care workers’ attitude and approach** - service users rated the attitude and approach of staff overall as good and felt they were treated with dignity and respect. In some cases of care, staff would happily go the extra mile. But there was also a high number of respondents who made reference to poor communication and poor attitude of some care staff.
- **Training and skill level of care workers** - There was a high recognition of lack of skills and training among some care staff. A specific issue related to basic cultural awareness, housekeeping and culinary skills i.e. making a cup of tea or making the bed.
- **Continuity of care workers** - many respondents highlighted the need for the same care workers to visit regularly; this would help to deliver care accurately and familiarity would result in further efficiency i.e. service users with dementia.
- **Service Provider and Involvement of Service User**- overall support and effectiveness from the service generally received positive commentary. There was some reference made to bad organisation and communication with some agencies.

What people said about their home care service



The responses Healthwatch received have clearly illustrated the need for home care services to help people stay independent within their own homes. Healthwatch asked service users “does homecare meet your needs and help to keep you independent in the home?” 219 people responded to the question; over half, 58% said “always” and a further 36% said most of the time.

“I could not continue to live at home, even with the support of my family, without the help I receive from the care workers.”

“They add to the quality of her life, are interested in her and identify lack of time as their main concern.” Carer

“The care I receive is really very good indeed. The support helped me a lot so that I was able to stay at home.”

“They have helped me through one of the worst years of my life”

Throughout this report quotes are given to illustrate the feedback we received; unless otherwise noted, comments are made by the person receiving the service.



Timing

“Late and unpredictable arrival times.”

Home care is planned in a way which allows the service to offer some flexibility and meet the demands and fluctuating needs of service users on a day to day basis. It is organised and planned so that the visits take place within a “window” of time rather than by appointment.

Healthwatch wanted to understand how time arrangements of care agencies and care workers impact on the quality of care people receive. We asked people their thoughts on timeliness of care workers, if there was sufficient time to provide the planned care and if changes in times were communicated to the service user.

When we asked service users “Do care workers come on time?” 18% said “always” and 62% said “mostly”.

Answer Choices	Responses	
Always	17.94%	40
Mostly	62.33%	139
Sometimes	17.94%	40
Never	1.79%	4
Total		223

Although a large majority reported positive experiences, we also found people were concerned with three main areas and have categorised these as;

- Unpredictable arrival times
- Rushed visits
- Communicating delays
- Missed visits

● **Unpredictable arrival times**

A significant proportion of people we heard from shared concerns about their experience of unpredictable timing, both late calls and often early arrivals.

“They come too late in the evening. According to the care plan, they should come between 9.30pm and 10pm but they often come after 10.30pm.”

“Bedtime routine is too early and sometimes they arrive before 7pm so mum refuses to go to bed which has an impact on her health.” Carer

A daughter of a service user told us:

“They arrive too late for bedtime; mum is sometimes already in bed and asleep, so there are issues with incontinence pads. They arrive too late in the morning, especially on a day mum goes to the day centre. Mum is already dressed so shower not given.” Carer

Most service users acknowledged and accepted that there were likely to be some variation in time when their home care workers arrived, and many were sympathetic towards the challenges care workers face. These include busy schedules, the need to work around emergencies and the added pressures from care agencies.

● **Rushed visits**

At the same time, many people described the practical consequences of home care delays including rushed visits with minimal care duties completed, often delaying or missing time critical tasks such as administration of medication and helping with toileting. For others the significance was the impact this had on the quality of their independence and anxiety they felt waiting for care workers to arrive.

“The main issue is timing of visits; my mother has Alzheimer’s and needs routine. By 5pm if no-one has been to provide tea she gets anxious and rings me. Soon forgotten but best avoided if possible. I realise other calls may delay carers.” Carer

Other service users commented:

“It is expected that times can be disrupted occasionally but times are very varied especially at weekends. The result of this is that I am either forced to have a quick meal or try to make my own which is extremely difficult but necessary as I have diabetes.”

“If care workers come late, I have to get my sister to help me as I cannot stay in bed when I have medication to take at certain times.”

“Occasionally they do not wish to wash my hair although it's on my remit for every other day. The reason given is that they have an impossible number of clients to care for.”

“It is written in the care plan that you don't like to be rushed. They rush me and run to their next call.”

“When they are late they don't always do what was agreed. The time agreed in the morning was between 8 and 9.30. I wait sometimes until 10am and then at age of 90 have to do my best to wash what I can and dress. This isn't easy with one arm.”

Some of the feedback we heard was balanced with a mix of both positive and negative comments about the time of visits and care needs met.

Healthwatch asked service users if they felt care staff always visited them at times that suited and met their individual needs. Over one quarter, 27%, felt this always happened, over half, 54%, said this mostly happened and 19% said this only sometimes happened.

“They are rarely here 15 minutes but if they are not rushing away they have time to have a few words with you.”

“My father has only been receiving the care from Homecare Agency for about one month. Arrival times, what can I say, it's swings and roundabouts.” Carer

🗨️ Communicating delays

Healthwatch also asked if lateness or changes to visit times were communicated with the service user to which 31% said always, 27% mostly, with a further 27% sometimes and 16% who said they were never communicated. A good number of people described positive experiences and felt the care agency communicated delays and changes appropriately.

“They get in touch with next of kin if any problems arise but this does not happen often as they give an excellent service and I cannot fault them in any way. Really good service is given.”

However there are a number of people who felt they were not kept informed and highlighted a lack of communication and regard from the care agency, with little consideration of the impact delayed or missed care has on the service user.

Answer Choices	Responses	
Always	31.16%	67
Mostly	26.51%	57
Sometimes	26.51%	57
Never	15.81%	34
Total		215

“There have been missed visits when carers don't come at all. Notified changes have not been adhered to e.g. advance notice given of visits not needed or changes to visits that are passed onto carers so they come when not needed or don't come when they are needed.”

“Times of arrival are erratic; vary from 7.10 a.m. to 10.50 a.m. When I telephone the agency because the carer has not arrived they cannot tell me when someone will come. The care plan does say that I get up early so waiting until 9 or 10 or 11 a.m. to wash, dress and have breakfast is a problem for me.”

“On the whole they are fine, but communication is not good if they are going to miss a visit. When they do miss a visit mum goes hungry as she doesn't prepare food herself much.” Carer

“One day the care worker didn't come, we called the office in the evening but there wasn't anybody on duty.”

“The staff from the agency we had before were better. On 14th Feb, Valentines' Day, we had some special meals from Marks and Spencer but we were waiting for the care worker to come in before putting them in the oven to warm them up. We were expecting them around 5pm, they came at 8.30pm. We waited all that time to have the meal. It spoilt our evening.”

Missed visits

A smaller number of people told us that visits were sometimes missed completely.

“Main problem is with timing, they often don't come by the time agreed, sometimes they don't come at all.”

“Given that mum has to pay a large percentage towards the home care she is receiving, the service calls that are missed due to staff lateness is not acceptable.” Carer

“There have been missed visits when carers don't come at all.”



The next section of the survey focused on establishing an understanding of how accurately the planned care (care plan) was carried out. Healthwatch wanted to identify the factors that allow the delivery of good care as well as gaps or shortages in the service people receive.

Healthwatch asked “Do care workers do what is set out in your care plan?” Just over half of the responses, 52%, were satisfied with the care provided. The remaining responses shared either a mixed or negative experience and indicated that people were unhappy with the service they receive.

We had 75 open text responses to the question which asked people to share their experience of planned care not delivered. We heard a mixed response, some positive and some negative experiences.

● What contributed to people having a positive experience?

Those who described positive experiences were often where the individual had established a good relationship with regular care workers and care workers fully understood the needs of the service user.

Staff approach and experience also played a large part in tasks being completed.

“Sometimes care workers are unable to complete the care plan due to resistance from my spouse. Otherwise they complete the operation.”

“They do extra if I ask.”

“They follow the care plan unless for a reason it has changed and they do their best.”

“Not applicable. In fact, generally the carers do more than is expected in terms of making time to ensure my environment is set up well, to alleviate my natural anxiety.”

“Carers will discuss the reason with me or my mother if they couldn't complete a particular duty e.g. shaving - usually because my father is particularly unwell on that day and we all agree if that duty can be missed that day.” Carer

● What made a negative experience?

The negative responses about the care plan not being followed once again included the time pressure that care workers face.

Other influencing factors were the lack of continuity of care workers which affected relationships and understanding of service user needs, as well as level of skill among some staff, attitude and approach.

“The carers don't stay sometimes for the length of time that they should or do what they are supposed to do, like tidying up and washing.”

“They never read the care plan and I don't know if they know what's in it.”

“Don’t make the bed correctly. Don’t always do shower, medication not always on time. Don’t always clear up or make some meals. Some care workers good some not so good.”

“Don’t always shower on correct days or shave on correct days, usually because staff are either not familiar with client or have arrived late and are making up time.”

“Washing clothes - it is on the care plan, but when I remember I have to tell them to put the washing on and empty the machine when it has finished. Some workers empty the waste bin but others don’t - I think it is because they don’t have time.”

“Commode not rinsed after emptying. Bed not straightened properly. They obviously don’t read the notes as it is clearly highlighted on the front of the book that these things should be done.”

“They don’t read it. I (daughter) leave notes and point things out.” Carer

“Care Plan not always adhered to, some calls missed. Times entered for arrival and leaving differ to actual. I am still trying to sort the problem out with the care provider. Fed up of having to ring up.”

There was also some concern raised about cultural awareness and the barriers this often caused for people which often resulted in not receiving the care they needed or would like.

“Don’t cook usual food. Sometimes because young people can’t cook and sometimes for religious reasons. For example Asian carer who won’t cook sausage or bacon.”

“Better communication: some workers don’t talk at all, not sure if it is because of the language.”

● **Misrepresenting information and care provided**

Healthwatch heard from some service users and carers how some care workers did not carry out the planned care but often noted activity as completed in daily record keeping. Among the missed care there was a particular concern raised about the administration and recording of medication provided.

“There have been many occasions when medication is not given at all. No Medication Administration Record sheet available to check if medication given i.e. inhalers and topical creams.” Carer

“Sometimes medication is found on the floor - although this has been addressed and it is only now improving. I think this is a lack of common sense and training.”

“The carers cannot follow a dossett box and are giving pills out of order, despite the pharmacist marking out days of the week i.e. breakfast, lunch, tea and night time pills. This is a health and safety issue. Pills for 15/03/15 the breakfast and evening pills are missing.”

“Once one came in and went straight for the folder under the table to write in it, I said what you doing? So she told me she was filling in the form but I said to her you haven't even done anything yet. Some of them come in smelling of smoke, don't even wear a uniform.”

“Some members of staff write false information in Mam's notes. e.g. Saying dressed her, emptied bin etc but I met the staff member who told me he had tried to dress her but she said she was too poorly to get dressed. I said not to worry I would dress her but he wrote in her notes that he had done this task. It does not give sense of confidence, could he be saying gave medication and this not be true?” Carer

“Care Plan not always adhered to, some calls missed. Times entered for arrival and leaving differ to actual.”



Attitude, skill, and continuity of care workers

Healthwatch provided an open text section within the survey for service users to make additional comments and share and highlight areas that were important to them.

Just over half (126/240) completed the question; the majority of responses were a balance of both good and not so good experiences.

Healthwatch have categorised these into these main areas:

- Attitude of homecare staff to providing care
- Skills and training
- Dignity and respect
- Continuity of care

● Attitude of homecare staff to providing care

The comments noted were largely with reference to the care worker and the level of care service users received; there were many positive reflections of the care workers' professionalism, and attitude to caring.

People reported staff as friendly and pleasant, with good client and worker relationships and many care staff going the extra mile. The following comments reflect what makes "a good attitude":

"I would like to mention the attitude of the ladies who attend my wife - each and everyone is friendly, caring and gentle with her. They listen politely to her when she tells them stories of her past or her family. They always find time to be attentive." Carer

"I find the care good. The carers are kind and helpful and willing to make a drink. I find it easy to talk to them, their attitude is good and cheerful. This all goes to make my life easier."

"Very friendly, have time for a chat, very good care."

"Care workers are pleasant, very co-operative."

"Very happy with the service being provided. Carers are cheerful and friendly, look after Gordon well."

"All the visiting staff are kind and cheerful, most helpful."

"Attitude and communication is very good."

"Staff are nice and always helpful. The timing is problematic for me. I couldn't live here independently without their care."

"The care workers are always polite and caring and seem concerned about my welfare. The care workers do have a big caseload and sometimes I feel they have too much to do and time is limited."

"There is a positive interaction between staff and my partner. This lessens his sense of isolation as well as maintaining his dignity and health."

"They are pleasant, friendly, efficient and helpful. They do my shopping."

"The care workers are cheerful and friendly and obliging. I am usually asked to check if I need anything more before they leave."

"The care workers are lovely and helpful, I can't fault them."

"More independence as this means I am able to live in my own home. Carers put me to bed, assist in and out of commode. Caring attitude of all carers, using persuasion and humour!"

Although most responses were positive about the care workers attitude, Healthwatch also heard reports that some care workers had a lazy attitude, poor professional conduct, misrepresented the care provided or compromised the dignity and respect of service users.

“The regular carer didn't appear to clean my husband at all, he always looked unkempt. One time, the carer left my husband's incontinence pad on. She had a lazy attitude instead of encouraging and trying to motivate.”

“One home care worker said, "I'm pregnant, can't empty kitchen bin, can't lift, can't bend". Why then send her to put mum to bed or get mum up?”

“Some of the staff are really good but some are poor, one lady has a dog that she brings in the car and she stands outside smoking before she comes in, and doesn't wash her hands. She also smells of smoke, which is not pleasant as I don't smoke. Also, some have poor English language skills.”

“Some carers absolutely stink of smoke which I can't stand. There is only one carer that visits me who goes the extra mile but I don't always see her.”

“If they just introduced themselves when they arrived it would be better but they never do - they just come in and say 'what do you want to eat?' - no 'Hi, my name is...' even though it's a different worker each time.”

“Sometimes attitude and respect are lacking by younger members of staff”

Skills and training

Another area of concern which was mentioned was the lack of skill among some care workers. Basic duties such as housekeeping and basic culinary skills were one of the main concerns raised. Other prominent issues were the need for specific skill sets and training to be provided to allow carers to meet the needs of service users, for example, hygiene and changing of catheter bags, administering personal care and knowledge of how to support people with dementia.

“Food prepared and cooked is sometimes inedible because of a lack of training in basic cookery even down to cooking a boiled egg. Not everyone wants or can have prepared microwave meals. “I asked one of them to make me a sandwich with a processed cheese slice, tomato and cress...she asked me how long do I boil the cress for? Quite often they put the milk in the teapot. I asked for a poached egg and she said I don't know how to do that so you will have to have soup. They don't make the bed properly because of lack of training and basic skills set.”

“Improve hygiene by being more careful with catheter bags i.e. placing the green cap on free ends at every opportunity (which some don't) when transferring full bags to bathroom. Overall I would rate the service as less than 50% good.”

“Vital to care work is the training of new carers. Some carers have more aptitude for the work. Basic understanding of the preparation of food, using a microwave, how to defrost frozen food, when required is vital.”

“My mum had to go into hospital because the carers weren't doing their job right and not letting me know and also not putting it in the carers' handbook for me to look it up.”

“I feel that not all the carers clean her properly resulting in lots of water infections.”

“Cooking lessons for some staff and home care common sense.”

“They are very nice girls that come, but we don't think that some of them are trained enough to cope with people who suffer from dementia.”

“Better training in how to manage people with dementia.”

Dignity and respect

Some people identified that personal care is sometimes delivered in a way that compromises their dignity.

“One of the ladies only uncovers the part of my body to be washed so that a strip wash feels less undignified. Most of the carers strip me as if I was a child which feels like a lack of respect. My care plan states female carers only but on three occasions a man has come, so I couldn't have a strip wash or a shower. I know I am old, slow and "dodderly" but I don't like to be chivvied like a toddler.”

“Although the young male member of staff is very nice, my Mam does not want to be showered or any personal care carried out in her home. As you can understand, she has never been undressed in front of any man, only my dad, and finds this unacceptable. We asked senior staff about this and they were very good, but still she is being asked by male staff for dressing and showering. Mam has dementia, but just because her short term memory is nearly diminished, she still does not want care from male members of staff. Staff have been told by their manager but still seem to disregard the request.”

● Continuity of care

The fourth area reported was the importance of having continuity of care staff. Some of the comments we heard described the impact this had on the care individuals received. People felt the care and support delivered would be better if care workers had the opportunity to understand individual needs better. Changing care needs would then be better recognised and it would create more effective service in a shorter space of time.

“Sometimes they stand and wait for instructions as to what is required; after over 12 months this is not acceptable. Cause: Too many staff visiting and no continuity and lack of basic training. There are about seven of them who have given up in the last few months, I see different girls most of the time and they doddle about wasting time. Once my washing sat in the washer for two days and in the end had to wash it again.”

“I've asked carers if they would notice if my health started to deteriorate, and be able to help get the right care. They said yes, but the problem is the staff keep changing so how would they know? You see two of my friends have this dementia thing and are in a care home now, and if I got it would they notice?”

“The carers are mostly very kind and helpful. There is sometimes a lack of continuity with each carer i.e. some carers will cook but others will not have the skill.”

“When they send new care workers it is difficult because they don't always understand what to do. When you explain to them some can be very rude. It would help if only certain clients' care workers came.”

“Too many different people coming - difficult for mum to adapt”

“Not enough attention is paid to get to know the patient initially. They should be given time and told any peculiarities of the person cared for so that they don't get off on the 'wrong foot'. It has proved essential in my wife's case.” Carer

“There is only one carer that visits me who goes the extra mile but I don't always see her. It would be nice to have the same carers where possible”

“Regular carer very good, substitute carers not always aware of needs. Important to read the care notes.”

“I would like to keep the same person coming to see me on a regular basis; there is no stability now in care staff visits i.e. sometimes a different carer comes on every visit. Then we have to start all over again to tell them where items are kept etc.”



Service provider and involvement of service user

The next section of the questionnaire focused on the service provision and explored how people were involved in the care they were provided with, how often care needs were reviewed and how flexible/supportive the care provider was when changes to the care plan needed to be administered.

We asked people if they were involved in the care provided. A total of 206/240 responded with 51% responding that they always were, 28% that they mostly were, 11% sometimes and 10% responding that they were never involved in their care.

Answer Choices	Responses	
Always	50.97%	105
Mostly	28.16%	58
Sometimes	10.68%	22
Never	10.19%	21
Total		206

Out of the 213 responses Healthwatch received to our question how often were care needs reviewed, just under half, 49% did not know, 15% said this never happened and 36% said they were reviewed every six months to a year.

Answer Choices	Responses	
Every 6 months	22.07%	47
Every Year	14.55%	31
Never	14.55%	31
Don't Know	48.83%	104
Total		213

We asked people to tell us if they felt the care agency was flexible when changes needed to be made. 55% of people said the agency was always flexible, 35% said they were mostly flexible, 5% said they were sometimes flexible and 5% said they were never flexible.

Answer Choices	Responses	
Always	54.69%	105
Mostly	34.90%	67
Sometimes	5.73%	11
Never	4.69%	9
Total		192

We had 118 open text responses to the question which asked people to share their experience of changes they had made recently made to the care plan and care delivered. Around half of the comments relating to changes made to the care plan were positive. Changes made to care plans included timings of visits due to GP or hospital appointments, and some related to additional or reduced care needs.

“Added lunch time call to support with hoist to toilet if required. Working well.”

“Due to hospital or G.P appointments I had to change time of care visit, this was done without a problem.”

“Requested a 3rd visit at weekends, was accommodated by increasing time of lunch time visit to earlier in the morning to ensure up and dressed, breakfasted and medication given with lunch left. Flexibility suits everyone, put in place with immediate effect.”

“I rang the support team approximately 4 months ago to see if they could do extra jobs. They were brilliant, they agreed present plan straight away.”

“When hospital or doctor appointments are within specified time slot arrangements can be made prior to move the slot either forward or later so the carer can clear other clients and not be delayed by late return when appointments overrun. So far no problems have occurred.”

The mixed and negative feedback made mention of the lack of communication from the care agency, lack of coordination between care staff and management.

“I have cancelled the service a few times if had a hospital visit as they can't guarantee what time they would be in”

“They are very good at changes but often forget a call has been cancelled. This appears to be a lack of communication between the carers and management.”



The final part of the questionnaire asked people to share ideas on what would make their experience of the service better. 91 responded to the question; almost a third of these responses were in relation to visit times, suggesting the service should be organised so that home care visits can be carried out at agreed times.

Service users suggested care workers should be allocated within set geographical areas to reduce travel times and costs and would also create efficiency.

“Routes could be better, try to keep carers in the same area to save them travelling around the district and have some continuity - keep same carer in the same area as much as possible. Carers should be the same - we have a different one almost every day.”

Many people expressed the need for consistency of care workers to support with understanding needs, building better relationships between carer and service user.

“It would be beneficial if all the carers wore name tags as it is difficult to remember all the different ladies.”

Staff training was the other main area and many people felt staff training or recruitment needed to be vastly improved; carer workers should have the basic skills to provide care and meet the needs of the service user.

“More staff needed to prevent them from rushing from client to client and then able to spend quality time with the service users. This is the main fault of all providers. For the providers to stop swapping the staff that come.”

“Try and send people from the same cultural background i.e. eastern European. Stick to the times agreed. Send the same group of people where possible. Night time calls. Taking me out in the wheelchair on nice days.”

Other aspects of care which required some improvement related to communication and interaction during the visit which would support in helping to reduce isolation.

“There is no actual element of social care - e.g. sitting and talking in the plan. I realise this is not care in the practical sense but would help to make the days stuck in the house more bearable.”

“I rely on the befriender and on my friends. The care worker does very little and I am going to stop the service after my next operation and pay for a private carer.”

“It is a long time from the tea time visit until the morning visit and that is when I feel the most vulnerable.”

“Although we know it is not time for chatting but doing, it would be nice to feel that the company and not the carer did care.”

Some people said care service would benefit from including alternative support in the care plan for example, exercise and outings.



The recommendations below require actions for both home care providers and Bradford Council. Healthwatch requests feedback on what changes have been implemented and how these have been monitored.

1. We recommend Bradford Metropolitan District Council (BMDC) explores the benefits of organising home care services to encourage more choice, flexibility and aims for a person centred approach that promotes the well-being of individuals. A wider range of services that promote people's independence and enables them to do and live the way they want to would be welcomed by service users.
2. We recommend that steps are taken to reduce cultural and language barriers experienced by some clients. We suggest steps are taken to carefully record cultural and language preferences, ensure these are reflected in the care plan, that the designated care workers have the necessary skills, knowledge and language and that appropriate care is actually delivered. Preferences about the gender of a care worker must also be respected.
3. We recommend that BMDC take some action to improve the recruitment and training of homecare workers by specifying minimum training/qualification requirements within contract agreements with the independent home care provider. We recommend that this minimum training specification should include dignified personal care, housekeeping and culinary skills, hygiene (e.g. catheter care), dementia care. Safeguarding, support with administering medication.
4. Code of conduct - we recommend that there is a common Code of Conduct for all service providers and care staff. The Council and local service providers may choose to use existing examples like the UKHCA code of practice or the Skills for Care code of conduct for adult social care workers, but whatever framework is used this should be properly implemented to deliver high quality, safe and compassionate care and promote and uphold the privacy, dignity, rights, health and wellbeing of service users. Issues about communication, dignity, respect and privacy should be fully addressed.
5. We recommend that the issues raised around Timeliness within this report are addressed by reviewing current arrangements and developing these in line with best practice. We recommend that care agencies address issues of short visits, unpredictable arrival times and communication about changes in visit times. Steps should be taken to eliminate missed visits entirely with contingency plans put in place. We suggest the "plot and place" approach to planning visits is reviewed and improved to give adequate time for carers to care.

6. We recommend action is taken to improve the information and guidance given to service users, families and carers about raising safeguarding concerns independent of the home care provider.
7. We recommend BMDC embed the requirement for a regular review of home care service user needs and preferences within contractual agreements arranged with independent home care providers.
8. We recommend home care services are arranged so that service users have greater continuity of care worker particularly where health conditions are dependent on routine. Medication - we recommend that urgent attention is given to ensuring that medication is administered appropriately and safely in line with each client's care plan and that this is accurately recorded. We suggest a review is undertaken of all clients where support with medication is in the care plan. Any poor practice in medication is a safeguarding issue and should be urgently addressed. Monitoring quality of service - we recommend that home care providers are required to increase the monitoring of service user and where appropriate care needs and satisfaction , including qualitative feedback from service users.
9. We recommend that the Council places service user experience at the centre and foreground of the development of home care services, in its commissioning work and budget allocation. It is important the council takes account of the impact on individuals of short task orientated visits driven by the current financial and organisational arrangements.

Healthwatch looks forward to hearing the Council's response to our report and recommendations, and will continue to work positively with them to secure improvements for those relying on home care services across our district.

22 May 2015

Appendix - our approach to the project

What we did

A letter was sent from Bradford Council to every home care agency providing services in the district informing them that Healthwatch would be conducting an independent review of home care services that may involve some of the older people for whom they provide a service. The letter explained that all information that service users share will go back to Healthwatch rather than the Council and that we would not share any personal information about identified individuals with either the Council or the home care agency. Healthwatch will write a report on what is working well and areas where service users would like to see improvements.

Healthwatch created a questionnaire to gather information about people's experience of and views about home care, including satisfaction ratings, open questions and an opportunity for people to make suggestions for improvements. The questionnaire was piloted with a number of older people and refined and improved in line with their feedback. The Council had the questionnaire made into a booklet form and paid for 800 copies to be produced. Each had a unique number printed on it - the Council kept a record of which number corresponded to each service user who was sent the questionnaire but this information was not shared with Healthwatch. Its purpose was to enable us to alert the Council if any returned questionnaire or interview revealed safeguarding concerns, whilst at the same time respecting confidentiality.

Healthwatch also produced a letter and a leaflet that was sent to each service user along with the questionnaire and a pre-paid reply envelope. These explained the purpose of the survey, gave information about confidentiality and what would be done with the information gathered, and offered people the alternative of a phone interview or a home visit if they preferred. People completing and returning the questionnaire had the option of entering a prize draw for a £25 shopping voucher as a small thank you for taking part and an incentive to increase the response rate. An on-line version of the questionnaire was also made available through key partner organisations, especially voluntary organisations supporting older people and carers in the Bradford district.

The Council created a list of 800 older people receiving home care services from independent agencies. To create this list they excluded those who had been asked to complete the Adult Social Care survey in the last year and also clients who had not responded to such surveys in the past and then took a random sample of 800 of the total list of their older clients. Immediately before the 800 letters and

questionnaires were sent out, the Council re-checked the list to make sure that they had not recently been notified that any of the people to be surveyed had very recently died, wishing to avoid any unnecessary distress that this would cause. The complete package was posted second class to the 800 service users on 26 and 27 February 2015.

Who we heard from

Healthwatch received a total of 240 responses to the home care survey, 206 were received through the postal survey, 4 by home visit, 12 by telephone interview and a further 18 responses were received on the online survey which was promoted through other voluntary sector partner organisation. This represents a response rate of 30%, judged to be good for a postal survey of this kind without reminders or multiple telephone follow up.

The responses Healthwatch received make mention of thirty-two different care providers as well as a small percentage providing feedback about Bradford Councils in house service the Bradford Enablement Support Team (BEST) service.

Most of the people we heard from were of white/British background (92% of respondents). The remaining 8% were from other white backgrounds and Black Minority and Ethnic groups. 67% of surveys were completed by individuals who receive the service directly, 30% were completed by a spouse / partner or other family member, and the remaining 4% were completed by a friend or other.



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