



Gathering experiences from people who receive social care at home in Dover and Shepway.

Rationale for project

Kent County Council (KCC) have embarked on an ambitious programme to make the process of assessing and reviewing the social care needs of older people to make them more efficient, client focussed and reduce reliance on traditional services. An external consultant, Newton Europe, undertook this work in partnership with KCC and in early 2014 created a pilot area in Dover/Deal with the Older Person's team, termed the sandbox. The work of this team was analysed and new processes for assessing clients were trialled. These processes were seen to be successful and have now been rolled out to the rest of Kent.

Alongside this, all home care services for older people across Kent have been recommissioned, leading to a significant reduction in the number of organisations providing care. The amount of care provided has stayed the same. The aim of this reduction was to improve communication and consistency amongst providers and ensure they are focussed on reducing dependency.

Both these initiatives will have had a significant impact on the experiences of the public in accessing and receiving care at home. Healthwatch Kent is developing this project to invite clients to tell us their experiences, good and bad, which we will then anonymise and share with KCC so we can work with them to ensure their processes give the best possible service.

Healthwatch Kent and Kent County Councils' Adult Community Teams in Dover and Shepway have worked together in partnership to gather experiences from people who are currently receiving social care at home. The project ran for 5 months, from July to November 2015, contacting people visited by the Adult Community Teams and inviting them to share their experiences.

About Healthwatch Kent

Our mission at Healthwatch Kent is to improve health and social care services in Kent. We do that by hearing from people about their experiences of services and using those experiences to improve services for others.

We are an independent, statutory organisation covering all health and social care services in Kent.

Acknowledgements

Healthwatch Kent would like to thank all the Adult Community Team staff that handed out information packs to their clients and to the people who took the time to give their feedback about Kent County Councils' Adult Community Teams' assessment, co-ordination and case management of their home care services.

Disclaimer

Please note that this report only relates to feedback received as a result of this project. Our report is a snapshot of experiences that were contributed at the time.

Methodology

In order to reach people who are receiving services in their homes, Healthwatch Kent developed a methodology in partnership with the Adult Community Teams to contact people at home and invite them to share their experiences of the service with Healthwatch. People were offered a number of ways to do this, including the offer of a pair of authorised Healthwatch visitors coming to see them at home.

A sealed pack was handed direct to clients by Adult Community Team staff. The pack contained bespoke Healthwatch Kent materials for use in this project;

- An 'easy read' flyer explained that the project was looking to hear people's experiences and outlined the ways people could get involved. Patients were offered the chance to give feedback by a written form, a telephone interview, by email or through a face to face visit at home.
- A 'Speak Out' Form, allowed people to make a written comment or raise an issue and send it by Freepost to Healthwatch Kent.
- For those that selected to make a phone call, a questionnaire was designed to guide telephone conversations conducted by Healthwatch staff and volunteers

Tell us your
experiences of
your **home care**

By Telephone:
Healthwatch Kent
Freephone 0808 801 01 02

By Email:
Info@healthwatchkent.co.uk

Online:
www.healthwatchkent.co.uk

By Post: Write to us or fill in and send a
Speak out form. **Freepost RTLG-UBZB-JUZA**
Healthwatch Kent, Seabrooke House,
Church Rd, Ashford TN23 1RD

Face to Face:
Call 0808 801 01 02 to arrange a visit

healthwatch
Kent

Consideration was given to the design of these materials, to avoid the use of scales and an over reliance on quantitative information, instead maximising the opportunity to allow patients to 'tell their story' and hence gain a richer set of experiential data that allowed a review of themes. All materials were designed in agreement with Adult Community Teams.

The Adult Community Teams based in Shepway and Dover were provided with sealed envelopes to distribute to their clients. 150 client packs were distributed by teams in each area either at a review or routine visit over a defined period.

Staff were provided with a brief and encouraged to make people aware of the content of the envelope and that the opportunity to share feedback about services would be anonymous, so that the Adult Community Team would not be able to identify individual feedback.



All our observations have been shared with the Adult Community Teams whose responses are included in this final report.

Response rate

A total of 8 responses were received from the 300 packs that were distributed, this equates an 2.6% response rate, i.e 1 in 30 people responded.

- All 8 responses were submitted via a written Speak out Form
- No-one requested an authorised visitor from Healthwatch Kent to visit them at home.

Using the date people reported on the feedback form that they met the representative from the Adult Community Team, six of the eight respondents completed the Speak Out Form within a week.

Profile of Respondents

Of the eight respondents, six were female and two were male. Seven people identified themselves as being in direct receipt of the services, and one person responded on behalf of their spouse.

People were asked to identify their postcode, in order that we could group feedback in the Adult Community Team areas.

	Postcode		No. of responses
Dover area Team	CT13	Sandwich, Eastry, Woodnesborough, Great Stonar, Richborough	0
	CT16	Whitfield, Temple Ewell	1
	CT17	River	1
Deal and Aylesham area Team	CT14	Deal, Walmer, Kingsdown, Ringwould, Sholden, Great Mongeham, Worth, Ripple, Tilmanstone, Betteshanger	2
	CT15	Alkham, Lydden, Eythorne, St Margaret's at Cliffe, Elvington	0
	CT18	Hawkinge, Lyminge, Etchinghill, Capel-le-Ferne, Densole, Newington	0
Shepway area team	CT19	Folkestone north	1
	TN28	New Romney, Greatstone-on-Sea, Littlestone-on-Sea	1
	TN29	Romney Marsh, Lydd	1
	unknown		1

Table 1 Postcode areas of respondents

Findings

The following themes were identified amongst the limited comments made.

Assessment

People identified that they had recently been visited by a member of the Adult Community Team, most frequently (five of the eight responses) for an assessment of equipment, adaption needs or support services, such as physiotherapy and carers.

- *'I needed an overhead ceiling hoist fitted in my flat. The lady from social services came and assessed me and agreed it was appropriate for my needs'*
- *'Social services representative called and discussed possible grant' ... (for modifications). 'After some questions she suggested (something), which will be delivered and she will then call to demonstrate. I am quite happy with this suggestion'.*
- *'Someone called round to look at putting a slope into the garden to make it easier for me to go out.'*
- *'I had a visit from the social services home support team, the support from them until now I cannot fault.'*

One person identified that they had had an annual review.

Quality of care management and co-ordination

Five of the eight respondents made particular reference to the quality of the service they had received from the person co-ordinating their care packages.

Comments included;

- *'Visit request to care manager, got a rapid response within days'*
- *A productive meeting, much support and understanding of my problems'*
- *'Helpful suggestions and advice'*
- *'Very caring attitude'*
- *'The team were friendly and encouraging when they visited, showing me easier ways of doing things so that I could live independently in my own home.'*
- *'I was amazed at the amount of help I was given in such a short time.'*

Impact of having adaptations fitted at home

Three respondents talked specifically about the impact that the approved adaptations and support services had had on their life.

- *'They have been a great benefit, as I can now do it myself', this person goes on to say that this has meant a 'reduction in the daily amount of time that the carers are required by myself and allowed me more independence'*
- *'All things you have put in place for me are very useful and work well. My pendant is a comfort and people on the other end of the phone are always helpful and kind'.*
- *'Thanks to them (the social services home support team) I am mobile again and although will never be 100%, I can function and have a better quality of life.'*

Funding

One respondent mentioned funding in their comments, highlighting that they felt they had *'waited a long time (6 months) to sort the funding'*. However, they concluded that it was a *'Very good service except for the length of time it took to arrange funding'*.

Discussion of findings

Customer satisfaction surveys have an average response rate of 10-15%. The low response rate in this project may indicate a greater 'non-response' bias. Customer satisfaction surveys tend to attract a higher proportion of people who have had either very good, or at the other extreme, very bad experiences. But no one took the opportunity to raise a concern, complaint or be negative about their experiences.

This would suggest that those that did respond were more motivated to take the time to answer the survey and looking at the clusters of feedback, including the number of people who referenced the high degree of positive impact on their daily life, this seems a plausible explanation. This is further supported, by feedback from a member of the Adult Community Team, who during a debrief meeting with Healthwatch Kent stated, *'I handed out the pack to people who I thought might make a complaint, so interesting that the only ones that have been sent back are positive'*

Recommendations

Given to low response rate, discussions were had with the Adult Community Team to explore what barriers might have been perceived by clients and consider options for refining and repeating the project.

- Preparation of the Adult Community Team

Feedback from Adult Community team staff identified that they had not always felt clear about what was included in the sealed packs and had not always been confident about explaining the project to clients, encouraging them to take part, or answer questions about what to do with the envelope.

- Too much 'paperwork'

Envelopes were handed over at points of contact with the client where there is already a significant amount of paperwork to be completed and clients being asked to sign things. Comments made to Adult Community Team staff illustrate how some client's experienced receiving additional 'paperwork';

'Do I have to complete this form?'

'Is this form important in helping me get what I need?'

'Is this form going to make a difference to my care?'

- Timing

The sealed packs were handed to direct to clients, during face to face meetings, such as an assessment or an annual review. In hindsight, this may have meant that packs were handed to people when other life pressures and stresses were at their

greatest and as such a time, people are only responding to the urgent issues that improve their immediate situation, and there is little motivation to complete a feedback form that gave no tangible personal benefit.

- Reading and writing

The fact that the pack was so paper intensive, although it did have an easy read leaflet inside, may have presented a barrier to people who have sight or literacy difficulties.

Suggested refinements

To overcome paper based client pack - develop a simple survey to allow online / smartphone access as well as phone based interview. To refine the content of this survey in a small group involving people who are receiving social care services.

To improve on levels of community engagement and build greater co-production between all stakeholders, community members, such as those people who have already been motivated to respond, could be invited to be part of developing and refining the materials and questions used in future iterations of this exercise. Participation in this exercise could be incentivised with high street vouchers.

To overcome identified timing issues, staff could ask clients if they would be willing to be contacted a week after the appointment to take part in a follow up survey. They could hand over an easy read leaflet to clients and Healthwatch Kent will make a phone call one week after the assessment visit to those that gave consent for sharing of contact phone numbers.

To overcome sight or literacy issues to make phone contact with clients one week after the assessment visit to invite them to take part.

As an alternative to the direct methods outlines above, an indirect methodology, separating the survey from the Adult Community teams at the point of contact and a randomised survey could be undertaken using KCC data, either by phone or by sending out a survey form. This method is not the preferred option, as it raises issues regarding data protection, accuracy of data and ethics. Healthwatch Kent currently considers that this approach will have a very low response rate.

Next Steps

- We will meet with the Adult Community Team to review our learning and jointly discuss further mechanisms for gaining public/client feedback.
- We will discuss the possibility of repeating this project in another geographical area and put our learnings into action.