



## People's experiences of care received in their own homes

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### About Us

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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# Contents

4	Summary
5-8	Full Report
9	Key Messages / Recommendations
10	Leeds City Council Response
11	Appendix

### Introduction

This project was an opportunity to speak to people receiving care in their own home and their families to find out about their experiences. Many of these people can be very isolated and vulnerable and do not always feel able to have a say about the services that they receive. We were able to carry out telephone interviews with 60 people and get their feedback on the home care service that they or their family member received.

### Key Findings

- Many people we spoke to expressed overall satisfaction with the care that they receive
- Some people expressed frustration at the constant rotation of carers and lack of consistency of carers. This is particularly a concern for people with dementia and their families
- While many people said they felt they knew what the carers should be doing, some commented that they had to explain this to new staff
- There were issues around communication in terms of changes to care and getting in touch with people
- There was overall positive comments

about the attitude of carers and people felt they were treated with dignity and respect. However some comments were made about poor attitudes of younger and less experienced carers.

- There was a mixed response to how well people felt involved in their care. However there was a lack of consistency around involvement in their care planning and reviewing.
- While the majority of people felt the care met their needs, out of those that did not, this was mostly put down to rotation of carers and new carers not knowing what to do.
- A large number of people expressed satisfaction with the quality of the care, however many commented that this was dependant on individual carers.
- Some people felt that carers were rushed, leading to quality of care being compromised.
- While a large number of people stated that they would know who to contact if there was a problem, there were large variations as to who this actually was.

### Key Messages/Recommendations

This report contains key recommendations, which are outlined on page 09



### Background

There is an increasing move to provide more care for people that need it in their own homes. There is at the same time a national recognition of reduced funding for services in both health and social care.

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

In Leeds there are currently 1910 people receiving home care and this is provided by 20 registered agencies across the city.

### Why We Did It

People receiving home care can be very isolated and vulnerable and do not always feel able to have their views 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. At the end of 2015 Leeds City Council issued a new tender for home care to be implemented in 2016.

This was an opportunity for Healthwatch Leeds and Leeds City Council to work in

partnership to check the quality of the services being provided to people in their own homes. It also enabled people receiving home care and their families to speak to someone independent of the Council and CQC and have their say about the service that they received, as requested by the home care service user reference group.

### What We Did

We worked with Leeds City Council and developed a consent form and questionnaire. The questionnaire was piloted with residents at Leeds City Council's extra care facilities. People living in these settings live independently in flats while having access to support services that they require such as home care. We did a combination of telephone interviews and home visits during January 2016 and completed a total of 26 surveys during the pilot.

Following the pilot we made some small changes to the final questionnaire before starting the full project in March 2016. Consent forms were distributed by Leeds City Council to 1100 people receiving home care, from 12 agencies, asking if Healthwatch could contact them by phone to carry out the survey. The people contacted were those who were not affected by the new home care service that is due to start 1<sup>st</sup> June 2016 and would continue to receive



care from the same agencies that they had already been getting it from. We received a total of 92 consent forms and contacted all those that had given consent by telephone.

We also offered the option of a home visit if someone was not able to speak to us on the telephone and we offered postal surveys where needed.

### Who We Spoke To

We contacted all 92 people who had given consent and were able to complete 60 questionnaires. Out of the 60 that we spoke to 36 were the ones receiving care and 24 were friends and family. Just over half (37) were female and 59 out of the 60 described their ethnic origin as being White/British, with the remaining one being British/Asian. The majority of people that we spoke to were aged 65 and over (50) with 8 aged between 50-64 and 2 aged between 25-49.

Out of the remaining 32 that we did not complete a questionnaire for the reasons ranged from people not answering the phone despite several attempts, people no longer wishing to take part, telephone numbers being incorrect or some people being in hospital or too unwell to speak to us.

### What We Found

#### About the Care Received

This section of the survey focused on how service users and relatives experienced the care received on a day to day basis.

*58% of respondents said that they 'always' or 'mostly' had the same carers. Five respondents (or 8% of the total) said they 'never' had the same carers.*

This question provoked a comparatively high number of comments, often to express frustration with a constant rotation of carers and prearranged rotas' failure to match up to what actually happens on the day. While respondents were careful to recognise that the same carers could not attend to them every day of the week, they felt it would be useful to have at least one familiar face on a regular basis. This was at least in part due to concerns around carers understanding what is expected of them and the service users' sense of comfort and dignity around strangers. Familiarity was also seen as valuable to service users with dementia.

*Just over 50% of respondents said that carers come at a time which suits, with 88% stating carers 'always' or 'mostly' come at a time which suits them or their relatives. Similarly, 80% of those we asked said that carers 'always' or 'mostly' arrive on time.*

Many noted that if they were late, it was only slightly, and this would be due to being held up by a previous client or



traffic, which they understand is inevitable. Some clients appreciated when carers called them in advance to let them know of any delays.

*95% of respondents said that they felt they knew what the workers should be doing when they were there. 90% of those we spoke to said that carers 'always' or 'mostly' do what they are meant to, with 68% noting they 'always' do what they are meant to.*

Two respondents said carers never did what they were meant to. Some note that the high rotation of staff leads to workers not quite knowing what their duties are, and in this instance things have to be explained to them by the service user. Some noted that a more experienced carer showed the other what was required, or they looked to the care plan for guidance.

*34% of respondents told us that they were 'always' kept informed of changes, with a further 22% noting that they are 'mostly' kept informed of changes to care.*

Eleven people said that this question did not apply to them as there had never been any need to change their care, with some adding that they were confident that they would be informed if anything needed to change, as communication was good.

*80% of respondents stated they were always treated with dignity and respect, one stating that she 'loves' her care workers and another saying they 'couldn't have better care'. 17% of respondents stated that they were 'mostly' treated with dignity and respect.*

Some comments indicate that younger carers can behave as if 'they know it all', with a respondent saying that one carer talks down to him as if he 'is a child'. One respondent said that there is always an unfriendly, uncooperative atmosphere throughout each visit.

### Involvement in Care

This section covers the interaction between the service user/relative and the care agency in terms of planning and adjustments to care. Adjustments here can refer to major structural changes (such as increased and decreased hours) and occasional alterations, for instance to work around a service user's plans for the day.

*Over half of those we spoke to said that they were 'always' involved in planning the care, with 18% noting that they were never involved.*

Of those who said they had little to no involvement, we can largely break down their attitudes to this into two responses: some noted that they feel 'disregarded' in the planning process and that they are merely managed, while others noted that there was no planning to be involved in, and that the service suits them as is.

*When service users need to make changes to their care, 38% of respondents told us that the care agency is 'always' flexible, with a further 16% adding that they are 'mostly' flexible. 27% of those we asked said that this question did not apply to them.*



*28% of those we spoke to said that the care agency had never checked that the level of care received continues to meet their or their relatives' needs.*

However, some noted that this is 'not a problem' as they would say if something needed changing. Just under a third of respondents told us that the care agency checks every 6 months or every year.

*A high proportion of respondents, 40% combined, told us either that they did not know there was a timeframe for checking whether care continues to meet the service users' needs, or that it is checked at an interval other than annually or biannually.*

Many noted that it is done ad-hoc, or unofficially through communication with the carers. Respondents commented that interaction and reviews tended to be more successful when care is provided by experienced staff who know them. Overall there were positive comments regarding the carers and the job they do.

### The Overall Care Experience

This part of the survey aimed to establish the levels of satisfaction with the care provided and how well it met the needs of the service users.

*Of the people we spoke to, 62% told us the care provided by the agency 'always' met the needs of themselves or their relatives, with a further 25% saying it 'mostly' met their needs.*

Those answering 'mostly' commented that the rotation of carer's affects things as some

did not know the full extent of duties from the start.

*Correspondingly, 90% of respondents told us that they were either satisfied or very satisfied (a 50/50 split) with the care provided by the home care agencies.*

A few respondents found it difficult to answer this question as quality of care depends so heavily on which carer is visiting.

Of those who said they were dissatisfied or very dissatisfied, their responses tended to indicate visits being rushed, with carers 'in and out in five minutes', and other issues around coordinating with carers' own schedules. This sometimes led to respondents feeling obliged to 'pester' the care agency for a response to problems. Some felt that carers were unpleasant to have in the house or failed to take into account service users' needs and wishes.

When asked if they knew who to contact with any concerns, many stated variations of the 'care providers office' or 'manager'. Many also commented that they had a number to call if there was any issue. Eight respondents said they did not know who to contact with problems. Again, frustrations around getting a response from care providers became apparent, with one service user expressing their disappointment at promises to return calls not being kept. Another was distressed at feeling 'in the dark' because she did not have a named worker who she could rely on to respond to her.





### Our Key Messages / Recommendations

- Every person receiving home care should have a named key worker. This worker should be part of their team of regular carers and the service user should know who their named worker is.
- A simple and clear list of what care needs to be provided to each person should be displayed in their home. This could be a simple laminated list that everyone can easily refer to. This allows the service user their families and the carers to be clear about what needs to be done.
- 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 e.g. if carers are going to be late, or if there is a different carer attending.
- All service users and their families should have a contact telephone number for working hours and out of hours where somebody will be available to speak to.

- Service users and their families should be given clear information about how often reviews will take place and the option to be fully involved in those reviews.

### Next Steps

The report will be shared with Leeds City Council and it is hoped that the recommendations will be shared with the service providers.

We will agree the key outcomes and actions to be taken in response to the recommendations.

We hope to repeat the surveys in 12 months time to check if anything has changed and what measures have been put in place to address the concerns and respond to the recommendations.

We will incorporate any learning from this project into the next surveys and future projects to ensure that as many people as possible are given the opportunity to have their say and be involved in future surveys.



### Leeds City Council Response

Leeds City Council will share this report with the new Home Care providers who will commence delivery of the new contract on 1st June 2016. A key feature of the new contract is a set of comprehensive standards that all providers must be able to demonstrate that they comply with. The standards have been themed into the following:

- Leadership, Management and Accountability
- Workforce Development and Resources
- Personal Support Needs and Risk Assessment
- Personalised Care and Support
- Security, Health and Safety
- Safeguarding and Protection from Abuse and Harassment
- Complaints and Compliments
- Equality and Diversity
- Service Users' Empowerment and Engagement
- The Social Care Commitment

The standards address the key messages/ recommendations made within this report.



### Acknowledgements

This report has been written by Sharanjit Boughan, Community Project Worker at Healthwatch Leeds, in collaboration with our volunteers Anna Chippindale and Greg Brown.

*We would like to thank all the volunteers that took part in this project and carried out the telephone surveys. We would also like to thank Leeds City Council for working in partnership on this project and supporting us in getting access to the people receiving home care.*



## Appendix The Pilot Survey

Below is a summary of the key findings from the pilot surveys that were carried out with 26 people living in extra care facilities.

There was a high level of satisfaction with the care provided amongst those surveyed in the pilot, with many of the positive trends being more pronounced in this setting. Because residents knew the majority of the carers, they did not see staff rotation as an issue. This sense of familiarity and personal care contributed to the higher overall satisfaction rating.

Most commented that despite not always having the same carers, they knew all the carers who were on the rotation so having a mix was not of any concern. While there were some comments about carers running late, people felt this was ok as it was usually due to delays at earlier appointments.

*73% said the care agency were 'always' flexible regarding changes to planned care, with 11% saying the care agency were 'mostly' flexible regarding changes to planned care.*

Over a third of those we asked were unaware of what their carers should be doing when they visit. This is significantly higher than in the final survey and is an issue that needs further exploration in terms of communication about care plans with people.

*92% of the people we spoke to were 'very satisfied' with the service provided by the home care agency, with the remaining 8% being 'satisfied'*

*96% of those we spoke to felt that the service provided 'always' met their needs, with the remaining 4% stating that the service 'mostly' met their needs  
96% of those we asked would know who to contact if they were not happy or had any concerns about the service they were receiving.*

Many respondents noted that reviews were done as and when required because they saw care management staff on a daily basis.

