

Opening the Door: Exploring the Quality & Safety of Care Delivered at Home




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Acknowledgments

The Healthwatch Warrington staff team would like to thank all of the participants, volunteers and partner organisations that helped to support this project.

Special thanks are extended to the project Steering Group, Warrington Borough Council and the Healthwatch Warrington Board of Directors for their valuable contributions.

 Healthwatch Warrington is well placed to reach out to local people receiving home care and provide them with opportunities to share their feedback. 

Introduction

Statistically, a significant amount of health and social care in Warrington is delivered in the places where people live.

In fact, the demand for home care services is expected to grow as the local population ages and the number of people with long-term, multiple conditions and complex needs rises (Warrington Health and Wellbeing Strategy 2015-18).

However, the level of intelligence held by local agencies in relation to people's experiences of domiciliary care is relatively limited.

This missing information is vital for understanding what is working well, so best practice can be shared. It is also important to recognise where improvements can be made; benefiting commissioners, service providers, and above all else, local people.

An inquiry conducted by the Equality and Human Rights Commission suggests that many home care recipients feel unable to speak out for numerous reasons, including a fear of retribution from providers and not knowing how to raise any concerns.

As the town's independent consumer champion for health & social care, Healthwatch Warrington is well placed to reach out to local people receiving home care and provide them with opportunities to share their feedback.

Indeed, a recent report by The Patient Experience Library concluded that without Healthwatch, the single biggest contributor to the UK's collective intelligence on patient experience, the qualitative evidence base would be much poorer.

To this end, Healthwatch Warrington has worked collaboratively with local partners to provide a critical window into the care that people receive 'behind closed doors'.

Methods

The following report provides a general overview of the standard of domiciliary care services delivered in Warrington, from the perspective of safety and quality.

Recommendations for service improvement are made and it is hoped the findings of this work will form the basis of future projects.

Healthwatch Warrington held a project planning day in July 2015 and follow up steering group meeting in September 2015 to help shape the project's scope and methods.

To meet the challenge of engaging with people receiving home based care, it was decided that the project team should consult with local agencies and groups that could provide contact opportunities through their existing communication links.

The project team also sought out innovative approaches that other local Healthwatch had utilized successfully in the past.

Subsequently, a purposive sampling survey based methodology was selected as the most appropriate and effective means of undertaking project delivery.

Surveys were designed under the supervision of an experienced social researcher.

To provide richer insights, the surveys collected both qualitative and quantitative data by means of tick box and open narrative questions (Appendix 1).

The surveys for people receiving home care focused on the following key areas:

- Background Information
- The quality of home care
- The safety of home care
- Suggestions for ways to improve services and other feedback
- Monitoring information

In February 2016, a research proposal was submitted to Warrington Borough Council for review and approval was granted in March 2016.

Consequently, a printed survey, cover letters (Appendix 2) and freepost envelope were distributed to all 600 people receiving home care (arranged through Warrington Borough Council).

These documents explained the purpose of the project, that taking part was optional and how the results would be shared afterwards.

For accessibility purposes, online versions of the surveys were also added to the Healthwatch Warrington and Warrington Borough Council websites. As a further option, participants could also give more detailed feedback by arranging to speak with an experienced interviewer (by phone, or site visit). However, no requests were received.

The project was promoted in the public domain through Healthwatch Warrington's publications, mailing list, social media, website, and via partner organisations.

In total, 135 survey responses from home care recipients (participants) were obtained (a response rate of around 23%). Completed surveys were collated by the project team and uploaded to Survey Monkey for analysis. Hard copies of the surveys were archived securely.

Although the volume of responses from the primary target group (care recipients) was encouraging, certain aspects of the project require further examination.

Initially, the project team designed three separate surveys: one for people receiving home care, one for carers and another for agencies delivering care. The rationale behind this decision was that hearing the perspectives of all these groups would allow a multi-level study to be conducted.

The team obtained a list of contracted care agencies and invited them, along with their staff, to take part. However, only a small number responded to this request. Although their input is valuable, insufficient data was obtained to conduct meaningful analysis. Consequently, this is an area of potential focus for follow up projects.

It was also noted that far fewer respondents were male. The fact that men tend to provide less feedback about their care has been noticed by Healthwatch Warrington and other local Healthwatch.

Indeed, one male participant in this project provided feedback suggesting that he felt this gender group experienced inequalities in the delivery of care. Consequently, Healthwatch Warrington is undertaking work to boost the levels of feedback received from men; with the aim of providing a balanced audit of healthcare in the town.

The results of this project are shown in the next section.

Results

Having received substantial feedback from local people receiving home care, the results of this project offer a wealth of insight and thematic depth.

Survey results will be displayed using a mixture of statistical and qualitative techniques. Percentages will be rounded to the nearest whole number and quotations anonymised.

Any emergent themes and observations drawn from the data will be discussed in terms of the quality and safety of home care.

Any data sets not included in the final report can be requested on an individual basis (in line with ethical considerations).

Section 1 - Background Information

The Group: Demographic Profile and Home Care Needs

Participants were aged between 25 and 80 plus. Most participants were 80 plus (54%), with a sizeable segment aged 50 to 79 (42%). Fewer than 5% of participants were aged 25 to 49.

Over two thirds of participants were female, with just under one third being male.

Around half (49%) of participants indicated that they had some form of disability, with the most common type being physical (39% of participants).

In addition, 26% of participants indicated that they had a long-standing illness and around 11% stated that they had a mental health condition.

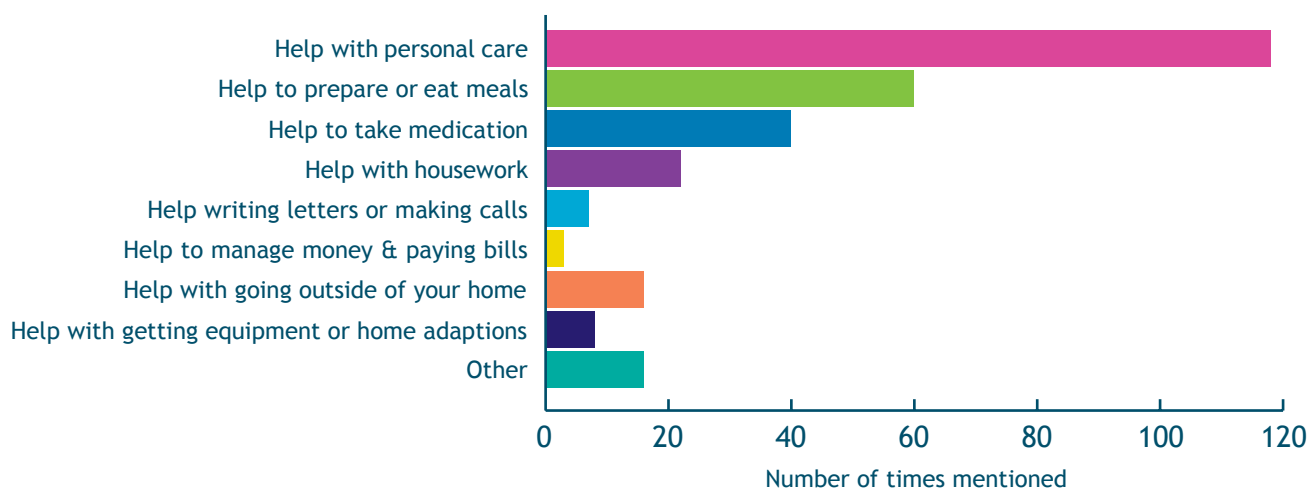
This level of need was reflected in the amount of care provision received by the group.

On average, participants received a total of 9 hours of home care per week (ranging from 1 hour to 73.5 hours in individual cases).

When the number of days or frequencies of visits were revealed, the majority of participants stated that they were visited by carers 7 days per week (comprising up to 4 appointments per day).

Participants were also asked about the kind of domiciliary care services that they normally receive and responded as follows:

Care services normally received by the participants



‘Other’ responses generally referred to services relating to ‘personal care’, but also included help with exercising, recreational activities and cleaning the home.

To sum, the group’s profile (mostly 65+, with complex, long-term needs) is largely representative of the population type anticipated to significantly increase in Warrington by 2030 (by nearly 60% from 2010 levels). Therefore, the lessons learned from this study will be of particular relevance for informing the town’s Health & Wellbeing strategy theme ‘Ageing Well’.

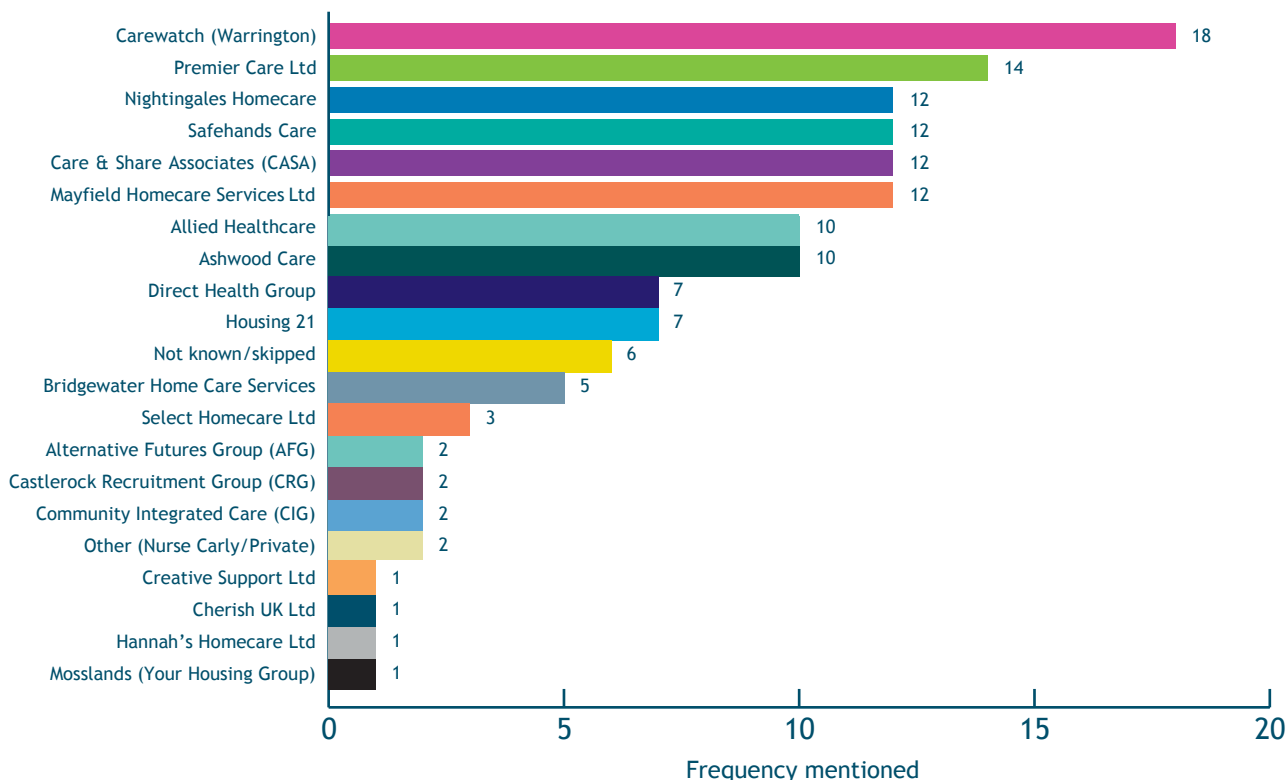
Who Provides Home Care to the Participants?

Participants were asked to indicate which agency provided their home care.

A total of 19 individual agencies were identified in the responses, with the most frequently mentioned agency being Carewatch (Warrington).

5 participants (around 4%) mentioned that they received home care from more than one agency.

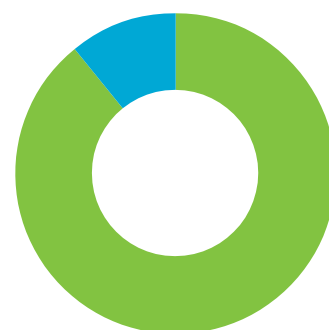
Care agencies identified in the responses



However, around 89% of participants stated that they received additional support from neighbours, family or friends (informal carers).

Yes 89% (113)
No 11% (14)

The supplementary support that informal carers provide to the healthcare economy is substantial. This picture should be mirrored in the level of assistance and recognition afforded to them (which is the focus of an upcoming Department of Health strategy and consultation).



This could also form the basis of future project work for Healthwatch Warrington.

Section 1 continued

Care Plan Provision: Person-Centred Home Care

Q.4 “Do you have a care plan or anything else in writing which says what your care workers are supposed to do for you?”

Following an assessment, a care plan should be agreed which outlines how a recipient’s care and support needs will be met. Care recipients should be fully involved in its preparation and receive a written copy of this document (along with anyone else they request to receive one).

The vast majority of our participants were aware that they had a care plan in place. However, nearly 18% of respondents either stated that they did not have one in place, or were unsure.

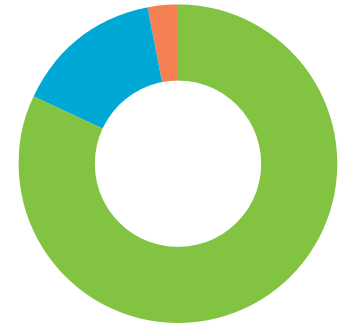
Having a care plan in place is important and it should be reviewed regularly. As such, a lack of development or awareness around care plans is an area that needs to be addressed.

Q.5 “If you wanted to discuss any changes to your needs, or raise any other concerns with your care provider, would you know how to do this?”

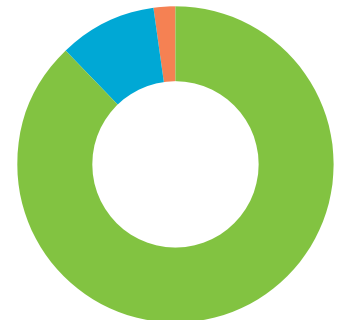
As above, most participants answered positively to this question. However, around 12% either did not know, or were unsure about how to discuss their care.

As such, improving information provision about relevant contacts will help to encourage constructive dialogue and the delivery of appropriate care.

■ Yes 82% (105)
■ No 15% (19)
■ Don’t know 3% (4)



■ Yes 87% (108)
■ No 10% (13)
■ Don’t know 2% (2)



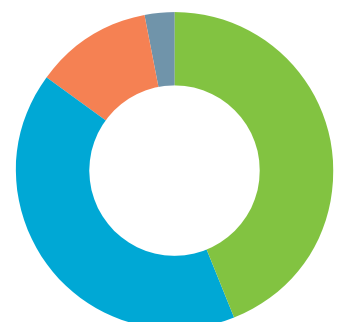
Section 2-What People Thought About the Quality and Safety of Home Care

Q.8 “Overall, how satisfied do you feel with the quality of the home care that you receive?”

Encouragingly, the majority of participants stated that they were ‘very satisfied’ or ‘satisfied’ with their home care (a combined total of 85%).

Of the remainder, 12% felt ‘neutral’ and a small percentage (4%) were not satisfied.

■ Very satisfied 44% (57)
■ Satisfied 41% (53)
■ Neutral 12% (16)
■ Not satisfied 3% (4)



Section 2 continued

A closer analysis of combined satisfaction scores pinpoint those aspects of care considered to be of particularly high quality, alongside those areas associated with lower satisfaction scores.

Respondents were provided with a range of statements covering different aspects of care and asked to provide a response for those relevant to them (ranging from “strongly agree” to “strongly disagree”, with each statement).

Aspects with Relatively High Satisfaction Scores (satisfaction levels above 80%)

- **“...I feel that my carers treat me with dignity and respect...”** (97% of the 129 respondents scoring this category strongly agreed or agreed with this statement)
- **“My carers communicate with me in an effective way”** (96% of the 129 respondents scoring this category strongly agreed or agreed with this statement)
- **“...My care plan matches my needs...”** (92% of the 125 respondents scoring this category strongly agreed or agreed with this statement)
- **“...I receive enough visits from my carers to suit my needs...”** (92% of the 129 respondents scoring this category strongly agreed or agreed with this statement)
- **“...my carers follow my care plan correctly...”** (84% of the 128 respondents scoring this category strongly agreed or agreed with this statement)
- **“...my carers do not miss appointments...”** (84% of the 129 respondents scoring this category strongly agreed or agreed with this statement)
- **“...I receive my prescribed medication at the appropriate times and in the correct amounts...”** (82% of the 77 respondents scoring this category strongly agreed or agreed with this statement)

Aspects for Further Focus (or with dissatisfaction levels above 10%)

- **“...my carers do extra things for me that aren't in my care plan...”** (Around 3/4 of the 124 respondents indicated that carers do more for them than is in their care plan, whilst this is likely a sign that carers go the extra mile, which should be recognized as a positive trend, it could also suggest that care plans may need to be more comprehensive. This shows that practice can be enhanced by paying attention to all forms of feedback from care recipients)
- **“...my carers arrive at the agreed times...”** (17% of the 128 respondents scoring this category strongly disagreed or disagreed with this statement, with a further 18% assigning a neutral rating)
- **“...I am generally visited by the same carers each week...”** (17% of the 128 respondents scoring this category strongly disagreed or disagreed with this statement, with a further 11% assigning a neutral rating)

These themes were also present in the qualitative data sets discussed in subsequent sections.

Section 2 continued

Safety and Other Concerns

Q.9 “Do you have any safety (or other) concerns relating to the home care you receive?”

Overall, 90% of 118 respondents indicated that they did not have any concerns with their care. When those with concerns (17 participants) were asked to provide more detail, some rich thematic trends became apparent:

Top 3 themes:

1. **Consistency and continuity of carers:** around 1/3 of the participants with concerns found that having different carers visit their homes had impacted negatively upon their care experience.

“...If I get the same ones on a regular basis they are very good, but they change every week particularly at night time...”

“...I never know who is coming through the door and have to waste time explaining what to do every time...”

2. **Medicines Management:** around 1/4 of participants with concerns had encountered problems relating to medication.

“...Sometimes meds have been missed...”

“...not give medication at the correct time, or intervals...it still continues to be an issue...”

3. **Training of carers:** around 1/4 of responses from the group with concerns suggested that further training for carers around procedures and safety issues would be beneficial:

“...Sometimes the carers leave me to walk unaided, rather than beside me...”

Other common themes within this sub-group’s responses included:

Care Plans:

“...Some carers do not follow the care plan...”

“...Support plan is full of errors, signed by one carer...”

Attitude of carers:

“..Some are great and caring and to others it is just a job...”

Effective Recording and Reporting of Safeguarding Issues:

“...Neither injury reported in care record sheets...”

Lateness or inconsistent appointment times:

“...Sometimes they are late and that leaves me in a lot of pain...” “...Visits irregular...”

“Sometimes it is 6 hours between lunch and other times 2 hours...”

Time allocation (rushed carers):

“...When preparing to hoist, poorly aligned sling can cause tipping to side in wheel chair (rushing). On two occasions, injuries to feet have occurred hitting furniture/ door frame - again rushing...”

Q11. “If there are any changes which could be made to improve the quality and / or safety of the care you receive, what would they be?”

Respondents were then asked to think about any improvements they would like to see that would enhance the quality and safety of their home care. As such, the following areas were highlighted for potential improvement (extracted from a total of 48 responses):

- **Training for Carers:**

- More specialist training focusing on caring for recipients with learning disabilities.
- More training on how to use hoists and slings correctly, as not all carers appear to fully understand how to use this equipment appropriately.
- More NVQ level qualifications should be available for carers wanting to boost their skills and wages should match their additional qualifications.

- **Communication, Timeliness & Consistency of Appointments:**

- The lateness of carers is a prevalent issue in the feedback. Steps should be taken to reduce lateness.
- Communication is also problematic. If appointments are to be missed, care recipients should be notified in advance, whenever possible.
- Appointment times detailed in care plans should be adhered to, as this ties in with preferred meal preparation & nutrition intervals, as well as medication requirements.

- **Appointment Length & Flexibility**

- Some participants did not think that appointment slots were long enough, especially for the elderly or disabled, and would like to see an increase in the time given to carers to spend with them.
- A number of participants further stated that they would like a greater choice of options for visiting times, as their current arrangements were not always convenient.

- **Consistency of Carers & Staff Capacity**

- The desire for greater consistency in terms of which carers attended the participant’s home was a recurrent theme. Having lots of different carers was described as particularly difficult for those recipients who did not like change.
- Regarding staff capacity, respondents explained that appointments were sometimes delayed due to a lack of staff cover and that some of their care required more than one staff member to assist with. Recruiting more carers could help to resolve these issues.

- **Care Plans**

- Numerous respondents were unhappy that care plans were not always correct, up-to-date, or instructions adhered to by their carers. This corresponds with the findings of Q.4 and Q.9. Greater attention should be paid to ensuring care plans are in place, match recipient’s needs and that staff are afforded sufficient training and time allocation to follow them properly.

Section 2 continued

Q12. “Other Comments and Feedback?”

Finally, participants were asked to share additional comments and feedback. Participant’s responses tended to offer holistic, personal perspectives about their home care, with several familiar and new themes being extrapolated from a total of 31 responses:

- **Attitudes and Relationships With Carers**

- The vast majority of responses praised the positive attitudes, competency and dedication that carers maintained under high levels of pressure. Generally speaking, their hard work is genuinely appreciated by recipients of home care and should be commended:

“...The carers are competent, it is a pleasure to see them every morning...”

“...nothing seems too much trouble for them to make me comfortable, and safe, and I look forward to their visits each day...”

- Where negative comments were made, these tended to stem from staff being over stretched due to demanding workloads and short time slots for appointments:

“...some carers are friendly and chat whereas others seem more interested in trying to get the job done in 30 minutes...”

- **Communication & Timeliness of Appointments**

- Despite examples of good practice there are important issues that emanate from the feedback. Late or missed appointments were also mentioned in the responses. Despite such incidents being brought to the attention of agency staff, a pattern of scheduling problems is evident and replacement cover did not materialise. Furthermore, care recipients are not always informed in advance about when their visits are due to take place, which would be beneficial for them and relates to dignity & respect:

“...When main carer has been off, other carers have failed to attend 3 times...”

“...A phone call or a text stating the time of the visit would be helpful, so that I can plan...”

- This situation could be improved with better two-way communication and administration.

- **Consistency of Carers, Staff Capacity & Training**

- Having lots of different carers visiting their homes can be distressful for some and makes it more difficult to build rapport between carers and recipients. In addition, vital time is taken up repeating information and a person's more subtle needs can be missed:

“...The turnover of staff is very high. They have lost a lot of good staff, but I feel this is because the company does not look after them...”

“...Allow Carers more travelling time between appointments...”

- Some of these respondents recognised that agency staff need access to more training, relief cover, resources and time to spend on visits (and to travel between them). Respondents felt that agencies did not recognise the above, or support staff as well as they should; having unrealistic expectations of what could be achieved in the given circumstances.
- Some of these respondents also indicated that the communication skills of carers (especially those of a different generation to them) could be improved, perhaps through specialist training.
- In addition, access to better meals and the cooking skills of carers was commented upon. Therefore, carers could be given access to cookery courses and recognised qualifications.

- **Sufficient Care Provision to Meet Needs**

- Financial and other constraints also seem to affect the wider care journeys of some respondents; with hospital discharges delayed, or fundamental care needs overlooked.

“I was in hospital from September to December. I was ready to come home the end of October, but the management would not provide the extra care that social services had asked for, after going into respite care...”

- National studies, such as Healthwatch England's special inquiry point out that disjunctures in the system place unnecessary pressure upon the healthcare economy and can result in otherwise avoidable hospital admissions. Investing in home care and preventative measures should be a priority; saving money in the long-term and enhancing patient wellbeing.

Conclusions & Recommendations

This study has given a snapshot glance into the safety and quality of home care in the local area, from the perspective of those receiving these services (arranged through the local council).

Most participants were satisfied with the home care they receive and felt safe, which is very encouraging. In particular, participants appreciated the professionalism and compassion that their carers showed towards them. These relationships make a big difference to ensuring the comprehensive wellbeing of care recipients, beyond simply meeting their basic care requirements.

On suggestion, there are certain elements of home care that participants felt could be made better, in some cases:

- Care Plans
- Consistency & Training of Carers
- Recording and Reporting of Safeguarding Incidents
- Medicines management
- Communication, Flexibility, Length & Timeliness of Appointments

The common threads binding these issues together are the pressures facing agency staff (e.g. lack of cover, distance between appointments, times allocated for visits). These have led to instances of people's safety being jeopardised and a culture of 'rushing' that undermines quality of care, as evidenced in the responses.

Commissioners, care agencies and other strategic partners should work together to support carers and listen to the concerns raised by those receiving home care.

On this basis, Healthwatch Warrington proposes the following recommendations:

- Local decision-makers should work cooperatively with Healthwatch Warrington and other organisations to gather more feedback from home care recipients, care workers and agencies. This could include hosting best practice sharing workshops and focus group meetings to gather and collate responsive intelligence.
- A review of care plans should take place, with the intended outcome to ensure that all people receiving domiciliary care (or their representatives) are aware of their rights, have an up-to-date care plan in place and have access to information that will allow them to discuss their options and raise concerns when appropriate
- Funding should be granted to provide access to high-quality, specialist training (up to NVQ level) for carers; focusing on how to use hoists and slings correctly, how to refer to and follow care plans properly, along with improving communication and cooking skills
- Agencies should review procedures relating to late or missed appointments. This could include the potential for development a communications system that will notify care recipients in advance about appointment times, whether it will be missed and will manage replacement cover more effectively

- The length of appointments should be reviewed and carers should be given sufficient time to spend with each care recipient according to need (as well as sufficient time to travel between visits)
- The provision of more flexible appointment times, or consistency of visiting times should be discussed with care recipients (according to preference)
- Where possible, there should be greater consistency regarding the number of different carers attending a person's home, with the aim of building and maintaining positive relationships between regular carers and recipients

Next Steps

The survey evidence confirms that positive home care outcomes are underpinned by a significant amount of 'informal care'; given by friends, family and neighbours. In conjunction, staff working in the domiciliary care sector are striving to deliver good care, but seemingly face a nexus of factors that make this task more difficult. Further studies focusing on these barriers and how to better support carers could yield invaluable results - complementing the findings of this project.

Appendices

Appendix 1 -Survey for People Receiving Care in their Homes (main questions & monitoring information)

Section 1 - Background information

1. Please tell us who provides your home care (e.g. the name of your care agency)

.....

.....

I don't know

2. Please tell us how many hours of home care you normally receive each week and how often? (for example, 5 hours, 5 times a week)

.....

.....

I don't know

3. What kind of home care services do you normally receive? (please tick any that apply)

- | | |
|---|--|
| <input type="checkbox"/> help with personal care (such as dressing) | <input type="checkbox"/> help with writing letters or making calls |
| <input type="checkbox"/> help to prepare or eat meals | <input type="checkbox"/> help to manage money/and paying bills |
| <input type="checkbox"/> help to take medication | <input type="checkbox"/> help with going outside of your home |
| <input type="checkbox"/> help with housework | <input type="checkbox"/> help with getting equipment or home adaptations |

Other, please specify below:

.....

.....

4. Do you have a care plan or anything else in writing which says what your care workers are supposed to do for you? (please tick one box)

Yes No I don't know

5. If you wanted to discuss any changes to your needs, or raise any other concerns with your care provider, would you know how to do this? (please tick one box)

Yes No I don't know

6. Do you receive any additional help from neighbours, family, or friends?
(please tick one box)

Yes No I don't know

Section 2 - Evaluating the quality and safety of your home care

7. Below are a set of general statements about the quality and safety of your care (please tick one box for any relevant statements)

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My care plan matches my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carers follow my care plan correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to request changes to my care plan, if and when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carers arrive at the agreed times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carers communicate with me in an effective way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am generally visited by the same carers, each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carers are properly trained to deliver the care I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My carers do extra things for me, which aren't in my care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The carers work at my pace and do not rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive enough visits from my carers to suit my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my carers treat me with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with the quality of the meals prepared for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the correct nutrition and amount of fluids from the meals prepared for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive my prescribed medication at the appropriate times and in the correct amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Overall, how satisfied do you feel with the quality of the home care that you receive? (please tick one box)

Very satisfied Satisfied Neutral Not satisfied Very unsatisfied

9. Do you have any safety (or other) concerns relating to the home care you receive? (for example, your medication not being given to you at the correct time)

Yes No I don't know (if answering 'no' or 'I don't know' please go to Q. 10)

Appendices continued

9b. If you have answered 'Yes' to question 9, please provide more details below.

10. If there are any changes which could be made to improve the **quality** and/or **safety** of the care you receive, what would they be? (e.g. improved training for carers around giving medication, visits at more convenient times, etc. (Please write below)

11. Any other comments or feedback

Monitoring Information Form

To ensure we are meeting the needs of our diverse and vibrant community, we are asking you some further detailed questions.

Gender:

Male Female Transgender Other

If other, please describe

Sexual orientation:

Heterosexual Gay Bisexual Lesbian Prefer not to say

Age:

17 and under 18-24 25-49 50-64 65-79 80+ Prefer not to say

Do you consider yourself to have any of the following?

Learning Disability or Difficulty Long-standing illness
 Mental health condition Physical Disability
 Sensory Disability None
 Prefer not to say
 Other

What is your religion?

Buddhist Jewish Christian Muslim
 Hindi Sikh None Prefer not to say
 Other religion

What is your marital status?

Civil partnership Co-habiting Divorced Married
 Single Widowed Prefer not to say

What is your ethnicity?

White British White Irish White Gypsy/Traveller
 Other White background Black British
 Asian Indian Asian Pakistani Asian Bangladeshi Asian Chinese
 Other Asian background White and Asian
 White and Black African White and Black Caribbean
 Other Mixed Background Other Prefer not to say

Appendices continued

Appendix 2: Cover Letter Provided to Participants

What do you think of your home care?

Healthwatch Warrington is your local, independent consumer champion for health and social care services.

We would like to find out more about the care that people receive in their home (arranged through their local council). Therefore, we would be grateful if you would tell us about your experience of home care. We want to hear your views on what is good and what could be improved.

What do you want to ask me about?

The enclosed questionnaire asks you about the sort of care you receive and what you think about it. We also ask for your suggestions on changes which could be made to better meet your needs.

You are under no obligation to take part in this consultation. Whether you decide to take part, or not, will not in any way affect the care you receive.

What will happen to what I tell you?

The information you share will be anonymised and put in a written report, which will combine the views of all the people who have completed these questionnaires.

This report will be shared with the people who make decisions about services and we hope that it will help them to understand and improve care provision.

Is what I say confidential?

We are an independent organisation and what you tell us will not be passed on to anyone involved in your care. However, if you tell us something which suggests that you may be at risk, we may pass your details on to the team at the council who deal with safety concerns.

What if I need help to complete the questionnaire?

If you would like, you can ask a friend or relative to help you complete the questionnaire. Alternatively, we can arrange for someone to go through the survey with you over the telephone.

We also have a limited number of home visits available, if you would like someone to come out to your home to help you with the survey or want to provide more in-depth feedback.

If you prefer, you could also book an appointment to visit our office at the Gateway and speak to us there.

Please call us on **01925 246 893**, if you would like to arrange a telephone call or visit.

What shall I do with the completed questionnaire?

Once you have completed the questionnaire, please return it to us in the enclosed envelope (no stamp needed) by **Friday 29th April 2016**.

Replies received by this date will be eligible for entry into our **free PRIZE DRAW** (with a chance to win a gift basket).

Can I complete the questionnaire online?

Yes. You are able to complete the questionnaire by visiting our website:
<http://www.healthwatchwarrington.co.uk/get-involved/surveys/>

Where can I find out the results of the survey?

Once we have published the report, you will be able to view this online by visiting our website:
www.healthwatchwarrington.co.uk

You can also ask for a copy of the report to be sent to your address, by calling our office on **01925 246 893**, or by sending an email to: contact@healthwatchwarrington.co.uk

Thank you for your time and consideration, your help is sincerely appreciated.

The Healthwatch Warrington Team

Appendix 3: Response to the Report by Steve Peddie (Operational Director, Adult Social Care, Warrington Borough Council)

The vast majority of social care and support goes on in people's own homes: keeping people well and independent where they live; making help easier to get; caring as an everyday support as well as in crisis and helping carers where they need an extra hand to cope.

Warrington Borough Council commissions up to 35,000 hours of domiciliary care for around 800 service users each month - around 400,000 hours a year - with up to £5.6m of public money, and high numbers of other people also purchase their own home care. A further £8m is spent by the Council on commissioning housing-based supported living.

Although 'behind closed doors', domiciliary care is a regulated activity, inspected by the Care Quality Commission, and Warrington has much higher levels of compliance than the national average. However, it is also tremendously reassuring to find that, as well as offering constructive clues as to how services can improve, this Healthwatch report, in considering the quality and safety of provision, reports that 85% of service users describe themselves as 'very satisfied' or 'satisfied' with their home care and only 4% are not satisfied. It also concludes that, overall, 90% said they do not have any concerns with their care, 96% feel carers communicated with them well and 97% feel that carers treat them with dignity and respect.

The Council will continue to work with home care agencies, the CQC and Warrington Healthwatch to continue to address the issues that local service users have identified, including improvements to care planning and recording, training, assisting self-medication and timeliness of appointments.

Contact us



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We are also available on social media:



Facebook: <https://www.facebook.com/pages/Healthwatch-Warrington/490067164398060>



Twitter: <https://twitter.com/HWWarrington>



Instagram: <https://twitter.com/HWWarrington>

We will be making this report publicly available by publishing it on our website and circulating it to strategic partners.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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