healthwatch Salford

Salford Homecare Transformation Project

Staff Engagement Report

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About Us

Healthwatch Salford (HWS) is the consumer champion for health and social care in Salford. We gather the views and experiences of local people to influence those who make decisions about services. We have a small staff team and a number of volunteers who help us to do the work.

Healthwatch Salford aims to encourage and empower local people, especially those who are most marginalised or vulnerable, to have more control over their health and well-being and to influence health and social care organisations.

Healthwatch Salford assists local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research and information on local people's views and experiences of health and social care, in order to improve services.

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Introduction & context

Homecare is the term for care and support provided in the home by care workers to assist someone with their daily life. This includes domiciliary care, social workers, district nursing, physiotherapy or occupational therapy. Healthwatch Salford (HWS) was commissioned by Salford Together to conduct a series of listening engagement sessions with frontline staff involved in the delivery of homecare services.

Over recent years there have been several national reports produced to investigate and examine the homecare market and current provision. The reports highlight a range of challenges for the homecare market that are familiar to both providers and people using services.

An ageing population has led to more people living with multiple long term conditions and therefore an increase in demand for ongoing complex care. This, coupled with the limited changes in the commissioning and service arrangements for the provision of homecare services, has meant that the homecare market across England has been placed under significant pressure.

The number of people being cared for in their own homes is increasing and this trend is set to continue well into the future.

The Care Quality Commissioning (CQC) inspections of homecare services in Salford also concluded that there are opportunities to improve standards.

This evidence supports commissioners' strategic approach to remodelling the homecare system and make improvements to the standards of care that Salford people have a right to expect.

The contracts for homecare provision in Salford expire on October 31st, 2017. The Health and Social Care Act 2012 states that public sector bodies have a legal duty to consult when proposing changes to the way health and care services are provided. Consequently, this is an ideal opportunity to explore the services as they are now, and could be in the future, by confirming what matters to people who receive and provide services. Healthwatch Salford welcomes this opportunity to assist with the engagement in this process because whilst, in general, lots of engagement is good, much of it makes no difference because it is often done at the wrong time in the contracting and development cycle to influence important decisions. Done at the right time,

engagement can produce findings that can be incorporated into the design and commissioning process.

The Salford Homecare Transformation Project aims to implement a robust process to redesign and transform the provision of homecare services using a co-design approach.

Patient experience is at the heart of this redesign work, which also incorporates opportunities for active, open dialogue with service users, carers and front line staff to input into, and be involved in, the redesign process.

The engagement methodology used is experience-based co-design (EBCD). EBCD is an approach that enables staff and service users to work together to design what the future of that service, and/or care pathway, will look like.

EBCD involves gathering experiences from patients and staff through individual in-depth interviewing and group discussions, thus identifying key 'touch points' (emotionally significant points common to both).

Increasing demands made on health and care services and the financial constraints affecting all public services means that health and care services must continue to evolve and undergo significant changes to meet population needs and reduce overall costs.

In Salford, the recent creation of the Integrated Care Organisation provides a unique opportunity to develop integrated care models that will enable more effective application of resource and will support people to remain living independently in their own homes.

The overarching strategic objectives of the engagement are to:

1. increase understanding of the case for change of homecare services in Salford;

2. provide opportunities for active, open dialogue throughout the process to allow service users, carers and staff to input into, and be involved in, the redesign process;

3. produce quality standards which focus on the needs of service users, their carers and families;

4. co-design a person-centred model of care that will improve the experience and well-being of service users, their carers and families;

5. engage with groups protected by equality legislation, to ensure their views are heard, and that issues of equality are considered;

6. empower staff to champion the introduction of the changes.

Healthwatch Salford welcomes the efforts made to have a transparent and challenging approach to transformational change in the homecare system in Salford and has been commissioned as part of a robust process outlined below to transform homecare services. Healthwatch Salford supports the following approach of Salford Together and partners.

- Development of case for change and key messages
- Gathering staff experiences through in-depth interviews
- Gathering service users', families' and carers' experiences through filmed narrative-based interviews
- Bringing staff, services users, families and carers together to share their experiences and identify their shared priorities for improvement prompted by an edited "trigger" film of service users' and carers' narratives
- Small groups of patients and staff working on the identified priorities
- Co-design of the future model of care and quality standards
- Equality Impact Assessment
- Development of commissioning specification
- Testing and refinement of models of care and specification
- Procurement process and award of contract(s)
- Governance, oversight and assurance

What we did and methodology

Experience-based Co-design (EBCD) is a participatory research approach that draws upon design tools and ways of thinking to bring health/social care staff and patients together to improve the quality of care. The co-design process, which is integral to EBCD, is powerful and challenging. It requires both staff and patients to re-evaluate their personal feelings, roles and expectations as part of a collaborative approach to service development and improvement.

Our approach was strongly influenced by the EBCD model produced by The King's Fund (2013). This approach had been used in at least seven countries, looking at services including mental health, accident and emergency (A&E), palliative care and surgical units. The revised toolkit includes new learning, recent research and case studies of sites that have used EBCD in their own way.

Healthwatch Salford hosted a series of listening sessions wherein frontline staff and managers from provider organisations came together to discuss their thoughts on the way homecare is currently delivered. They shared good practice and deliberated 'what does good care at home look and feel like'. There were also opportunities for staff to participate through in-depth one-two-one interviews if they wanted to share their views confidentially.

It was vital that staff contributed to this process and shared their experiences to allow a better understanding of the issues they, and their service users, face. This will help commissioners develop a person-centred model of care at home that improves the experience and wellbeing of service users, their carers and their families.

It is anticipated that this EBCD will lead to a step change in workplace morale, performance and staff well-being, which in turn will benefit service users.

Healthwatch Salford facilitated 3 multi-agency and multi-disciplinary sessions at Gateway community centres which were advertised generally. In addition, two specialist sessions were arranged for District Nurses and Intermediate Care Rehab Teams. Lastly people were invited to contact us to arrange an interview if they were unable to make any of the sessions.

In total 81 people participated generating 1,048 comments which were arranged in to themes as there was some commonality in responses indicative of system-wide issues. A list of attendees is within Appendix 2. The agenda for the sessions and interview schedule are included in Appendix 3.

There were four components of the sessions and interviews. The first being to ask participants to consider the workings of their own service and explore their own perceptions of how the homecare system links together in Salford. Then participants were asked to think about services from the perspective of recipients: thinking about possible barriers and positives of homecare service provision. There was also opportunity for self-reflection in terms of individual aspirations and personal feelings about the present situation and how things could be in the future. We encouraged participants to think of a future, perfect state and how things would look and feel for them in an ideal world where they are providing the best service possible.

What people told us

1,048 comments have been recorded and due to the qualitative nature of conversations it was better to chart key themes which consistently came up in both a negative, present state context and future, ideal state. They are summarised below with further details of all comments made on the attached spreadsheets. Whilst the comments have been artificially separated out, there is a linking and consistency in sentiments across different themes. Training, terms and conditions and staff morale were linked together in conversations as being significant influencers on the quality of homecare services.

Staff found it easier to talk about problems than about an ideal future state. It was interesting how challenging staff found it initially to recall their best and proudest work experience which is indicative of the pressure staff are under currently. When staff did talk about their best and proudest moment, what seemed to impact on people was when they felt clients had received comprehensive care which had contributed to the client's overall wellbeing and maximised their independence.

"When a client's daughter said, 'you will never know how much you have helped, all of you, my mum feels safe for the first time in years."

"A Mental health client who was then taken to a radio station (local) some two years ago and now he has got his own radio show! (2 hours) He had enduring mental health problems."

Whist there was some self-reflection about how their own individual professional group/service works, time and time again issues with homecare agency staff (HCAS) came up as being detrimental, in many ways, to the quality of care and the Salford homecare system working comprehensively.

Themes

Staff perceptions of the patient/service-user experience

Overall, the perception staff have of the experiences of patients and clients was negative. Comments were made about the isolation and loneliness of people and the lack of a holistic, coherent approach dealing with the whole person in the context of their lives and aspirations.

"It's difficult to develop a relationship with the patient as there is not enough time to build a rapport with them. Not enough time leads to greater pressure which means less job satisfaction. The patient becomes just a statistic – people become just numbers"

"People need a menu of support including community volunteers to just chat".

People with a range of long term conditions were perceived to be particularly vulnerable and susceptible to the inadequacies of provision. It was felt that they did not have co-ordinated packages of care, that they were nutritionally deficient and they lacked timely pressure and wound care as well as timely administration of medicine. Lack of time and resources was cited frequently as reducing service quality. This was the lack of time of clinicians and support staff, as well as HCAS. The building of relationships between the staff member and client was perceived to be crucial to good care and support.

Staff Morale

All groups emphasised that low staff morale and a lack of control over workload lead to a great deal of stress and anxiety for staff. There was a feeling that people were unable to provide the best care due to insufficient time allocated to being with a client; time which would allow them to build relationships with the service user. This was especially poignant amongst Intermediate Care Rehab Teams and Social Workers. A multitude of staff expressed this as an issue, particularly the 15 minute slots allocated to clients.

"We appreciate that the HCAS are under pressure, but if they don't do their jobs properly, then that pressure is on us, adding stress to our job."

The lack of time and demands due to paperwork were strongly expressed as contributory to poor staff morale; as well as not having adequate equipment to do the job effectively.

"I want to give 110% but I get back into the office and there is so much paperwork that the next patient doesn't get that level of care."

"The poor quality of care is making our work stressful and very difficult. It makes it harder for us to work with service users as they do not trust what we promise them. It is making services users vulnerable and at an increased risk."

Many staff stressed how the strain in the system is reducing the quality of the relationship between the staff member and client.

Training

There were 67 comments made related to training. Training was a cross-cutting theme seen as very deficient in homecare agency staff (HCAS). This was perceived as having a significant impact on the system working together and therefore the quality of the service received by clients. There was a clear call for all staff working in the system to have a basic standard of knowledge and skills in mandatory training such as safeguarding, manual handling and health improvement. This training should also be standardised across the system to avoid variation in working practices. The client experience would be improved if there was much more emphasis on prevention and independence, equality and diversity; and HCAS should receive training in these areas also.

Improved career pathways were perceived to be essential to improving the quality of care and collaborative working practices. Staff felt that the whole caring sector, as a career option, needs to be elevated in esteem to attract higher calibre staff and reduce turnover. The turnover of staff within homecare agencies is having a significant impact on continuity of care for clients.

Terms and Conditions

58 comments on HCAS terms and conditions were made. Overwhelmingly it was felt that this was one of the biggest flaws of homecare agency provision leading to increased turnover of staff and the inability to attract high quality staff into the sector. Staff also cited their own terms and conditions as being linked to staff morale. The image of HCAS is of workers low in staff members' esteem. In order for this to be a viable and fulfilling career option there was a need for better recruitment, development and supervision of agency staff.

Staffing

Some staff felt that the services would be enhanced if there were more staff in occupational therapy and if there was someone who had an oversight and co-ordinating role on the behalf of the client across disciplines. This would facilitate provision for the service-user and encourage more of a holistic, seamless and flexible service, responsive to the needs of the recipient.

Whilst it was recognised that there are some excellent care staff in the system it was generally felt that the quality of staff recruitment needs to be improved. Values-based recruitment was cited as essential to recruiting people across the system who are caring and compassionate. However, it was acknowledged that with the poor terms and condition of HCAS, it would continue to be difficult to attract and retain high quality staff. This issue is also linked to training and development and the impact this has on continuity, quality and safety of care provided. Numerous examples were cited of people not being helped to eat, take their medication, and to live independently as being linked to the quality of staff recruited.

"When I assessed a man at home who turned out to be seriously ill with mental and physical issues, social services, hospital and mental health worked together. Son cried when he saw his dad on ward and said he has never seen him clean and safe for years."

This was also found to have a knock-on effect throughout the system, unnecessarily increasing the need and dependency on services. Turnover was mentioned frequently as being the biggest factor reducing the quality of care and impacting on the dignity of recipients because of the importance of building enduring and trusting relationships between the client and staff member.

“The quality of relationships between workers and service users is fractured as a result of poor care delivery. Trust is broken and this can create a lack of engagement from service user, impeding on their quality of life.”

“Clients can be confused as to who’s providing care”.

Resources

The overwhelming theme running through conversations was lack of resources. This included time, money and equipment needed to provide a comprehensive, high quality service: from the availability and the appropriate use of OT equipment to catheter bags; from the availability of adequate stationary to IT systems, resources were perceived to be lacking.

There was a feeling that the technological developments for clients, carers and staff had not been fully explored e.g. telecare. There is currently insufficient technology available to clients, technologies that could enhance the quality and coordination of care.

Lack of time, staff and resources were cited by District Nurses and Social Workers as being detrimental to care. Many said that they wanted to feel less rushed and to have more time to spend with clients. This perception was echoed right across staff groups.

What should happen now

We asked staff about their vision for homecare in the future and what needs to happen to improve patient experiences.

Regulation and Monitoring

Many staff, time and time again, said that there is a monopoly within each home care agency area. This was seen to impact on standards as there was a lack of competition, accountability and responsiveness, on the part of the private sector, to issues raised. Therefore, monitoring of these providers was '*toothless*'. There was a request for homecare agencies to be audited more frequently, particularly in relation to the implementation of care plans. Some called for more ethics in the purchasing of homecare service provision; agencies should be judged on how they recruit and support their staff and the quality of care that they provide. There should be more opportunities for feedback and more cross-checking that visits are undertaken.

Service Design

"Like in teaching, staff drop out as it's not what we expected from university, it's not holistic like we're taught at university – it's all just safety."

It was felt that services need to wrap around the client in a person-centred way and be flexible, adapting to the changing needs of clients. There was a call for more holistic assessment. The overall aim should be to maintain and improve independence and all services should be working in a goal-orientated way with individuals towards that.

"When the patient reaches their goal, that's when I get job satisfaction."

There should be more focus on exercise and enablement as well as efforts to reduce the isolation and loneliness people feel. Some people want more contact with professionals because they are lonely. Reducing isolation and encouraging and maintaining independence would make a dramatic difference to the quality of life for many people. Some said that the lack of this approach and systemic issues were resulting in making people more dependent, just like how people

who are ‘stuck’ in hospital become institutionalised because of the lack of care packages at home and in the community.

There was a lot of reflection on how things used to be and a desire was expressed to bring homecare back ‘in-house’. The service should also be 24 hours with adequate time made to help people with whatever their needs may be.

“We used to have in-house carers who weren’t clocking in and out of each appointment so they had the time to be more holistic; they did kitchen practice etc., this is all gone now.”

Integration

Repeatedly, there were calls for much more Joined-up, comprehensive services which are multi-disciplinary. This would include having shared records and a co-ordinated way of working across disciplines.

It was felt that the options afforded by better IT systems had not been fully explored in terms of harmonising work and improving communication between professionals so everyone knows what is happening with the individual and what is needed for their care. There were also calls for one point of contact – one person/one co-ordinator.

“Are residential care homes going to be included in this process as domiciliary care in these homes and the standards of care etc. need to be standardized?”

“Case: couple - wife dementia (day centre). Husband under pressure – diabetes. Routine being interrupted. Referred to MATS. Couldn’t get homecare services to communicate. Met with agency – manager and coordinator came – communication helped and 6 months later improved.”

Information and Communication

Communication persistently came up as a critical issue impacting on patient care and practicalities. In the context of more integration there was a call for joined up documentation and shared records and a standardization of information. There was felt to be poor communication between services particularly when patients/clients had changes in circumstances or needed a medication administered in a certain way.

"Communication between District Nurses (DNs) and Social Workers (SWs) is not automatic. DNs often must rely on the patient or the patient's carer, family, friends or neighbours for crucial information as the documentation from HCAS is not good"

More controversially some felt that both carers and patients should be advised of the cost of services and given more information enabling them to manage their own conditions more proactively.

Recommendations

- Homecare agencies should prioritise continuity and make efforts to ensure that their clients can see the same carer(s) wherever possible. We recommend a quantitative performance indicator to monitor the continuity of care workers.
- Homecare providers to find solutions to promote the continuity of care workers, as well as improve the number of service users that have a regular backup care worker who is familiar with their needs.
- Salford Together should consider what further steps it, and its partners, can take to invest in the domiciliary care workforce to tackle high turnover rates and help ensure greater stability.
- Salford Together should aim to reflect the priorities of people using homecare services, such as long enough visits, friendly care workers, continuity and punctuality, in their service specifications when commissioning.
- Salford Together to explore the feasibility of including a quantitative performance indicator to monitor changes in care worker, or changes in visit arrival times, and this indicator to be communicated to service users. Salford Together should also consider the adequacy of funding visits which last no longer than 15 minutes or less.
- Robust quality indicators for commissioning should include ways to measure quality from the point of view of how the service builds on people's strengths and enables them to live the life they want through shared measures that are meaningful for local people. **CQC**
- In terms of medicine management, Salford Together homecare service contracts should follow the latest NICE guidance and include performance indicators for medicine safety within regular contract monitoring.
- All homecare workers should receive training on medicine safety and should be only allowed to conduct homecare visits after this training.
- Inductions of new homecare workers should emphasise the importance of full compliance in medicine safety.

- Salford Together should consider the development of a co-ordinator role who would take a holistic overview of the needs of individual clients and co-ordinate care accordingly.
- All services providing homecare should consider if they are providing ample opportunity to maximise time spent by the staff member with clients.
- Homecare providers should encourage service users, relatives and carers to report lapses in correct medicine management; and act on any reported lapses.
- Salford Together should ensure that they are paying a sufficient rate for contract hours which ensures that providers can pay care workers at least the Living wage and assumes 19% travel time per hour. Analysis by the Greater Manchester Chamber of Commerce of current evidence suggests that increasing staff pay improves staff recruitment, staff retention and productivity over the long term. Salford Together should consider requiring Health and Wellbeing Board sign-off for any commission that goes below the recommended rate and all service providers should be transparent in their methods of pricing.
- A training and career pathway for care workers in Salford should be developed between partners. Care workers in both health and social care need minimum standards of training which can be developed into pathways of specialism, or the basis for further training and entry into allied care professions such as nursing or social work. A more formalised career path would include apprenticeships alongside clear career pathways.
- The Integrated Care Organisation for Adults (ICO) includes reorganisation of staff and services. This is an opportunity for innovation and the development of relationships between teams across the Salford homecare system. Attention to 'softer' issues of relationships, collaboration and innovation may support the ambition of Salford Together. **CQC**
- Salford Together should consider how use of innovative technologies can support service design approaches and how this can transform the way care is delivered in the community, liberating staff to spend more time on personal contact.

CQC = Corresponds with 'Quality of Care in Place' (May 2016) recommendations.

Conclusion

We found staff to be enthusiastic, dedicated and excited by the prospect of having a real influence on the transformation of homecare services locally. However, people told us that there are real strains within the system which are having a detrimental impact on people's experience of care. People feel unable to routinely provide the high-quality service they aspire to because of these strains. This is reflected in the themes outlined above. The recommendations reflect staff concerns expressed to us and their insight into ways forward.

To re-iterate: Healthwatch Salford has been commissioned as part of a robust process to transform homecare services and endorses the following approach of Salford Together and partners.

- Development of Case for Change and key messages
- Gathering staff experiences through in-depth interviews
- Gathering service users', families' and carers' experiences through filmed, narrative-based interviews
- Bringing staff, services users, families and carers together to share their experiences and identify their shared priorities for improvement prompted by an edited "trigger" film of service users and carers narratives
- Small groups of patients and staff work on the identified priorities
- Co-design of the future model of care and quality standards
- Equality Impact Assessment
- Development of commissioning specification
- Testing and refinement of model of care and specification
- Procurement process and award of contract(s)
- Governance, Oversight and Assurance

Thank you

Healthwatch Salford staff team

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Salford Together

All homecare staff members who participated in the engagement project

References

"The Quality of Care in Salford" Care Quality Commission, May 2016.

"Experience-based co-design toolkit" The King's Fund, December 2013.

"Key to Care: Report of the Burstow Commission on the future of the homecare workforce" LGiU, December 2014.

"Homecare Survey Findings" Healthwatch Wakefield, 2016.

Appendices

1. List of attendees
2. Interview Schedule
3. Workshop agenda
4. All comments spreadsheet