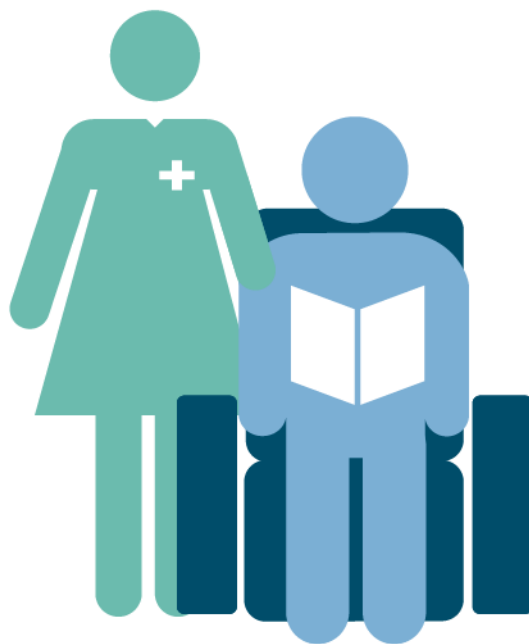


Home Care

What people told Healthwatch about their experiences

August 2017



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About us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Role of local Healthwatch

There is a local Healthwatch in every area of England. They provide information and advice about publicly-funded health and care services. They also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services. They share feedback with Healthwatch England so that we can spot patterns in what people are saying about care, and ensure that people's voices are heard on a national level.

Introduction

Across England there are more than 8,500¹ home care providers, collectively helping an estimated 673,000² people to continue living independently within their communities.

To provide a snapshot of what life is like for those who rely on these services, local Healthwatch have been speaking with almost 3,500 care users, their relatives and care staff about what they think.

"I have no complaints against any of the carers. I think they do a wonderful job. They work unsocial hours with low pay but they are always cheery and helpful."

View shared with [Healthwatch Halton](#)³, where 92% of people receiving home care said they feel they're treated with dignity and respect.

Every year we publish a list of the issues the public want to see the health and social care system focus on over the next 12 months.

This year's list saw social care rise to number two with over half of the Healthwatch network raising questions about local services.

Home care services in particular, such as help washing, dressing and taking medication, stood out as an area of concern, with the number of Healthwatch identifying it as a priority doubling since 2016.

The very nature of this type of care means that it's not always easy to find out what people think of it. As a result, it's probably the area of health and care where commissioners, regulators and policy makers could benefit most from the insight the Healthwatch network can provide.

This briefing brings together what local Healthwatch found out about domiciliary care, more commonly referred to as home care, between August 2015 and June 2017. These findings came from events, surveys and site visits to local health and care services. This document explores:

- The work of 52 local Healthwatch;
- The experiences of 3,415 home care users, their families and frontline staff;
- 20 focused reports on local services;
- Healthwatch interactions with 119 different providers nationwide;

It is not a comprehensive study of all providers in the country. Nonetheless the insight this offers into people's experiences will prove useful for those working in social care. This information can be used to inform the development of new service contracts, to shape care packages around what people want, and to set out new ways to monitor performance from a user perspective.

1 Care Quality Commission, 'The State of Adult Social Care Services 2014 to 2017', July 2017

2 UK Home Care Association, 'An Overview of the Domiciliary Care Market', May 2016

3 Healthwatch Halton, 'Home Care - Who Cares' report, December 2016

Context

According to the Care Quality Commission (CQC), four out of five home care agencies in England provide good quality care.⁴

Yet it's also clear that home care, like the social care sector as a whole, is in a fragile state.

With younger people in need of care often living longer and the older population growing rapidly, the country has to tackle some big questions about how we plan and resource the care sector.

Recent studies published in the [Lancet](#)⁵ generated headlines about a potential need for additional care home places. The projections concerning life expectancy could have greater implications for the need to plan and shape services that will enable people to get the most from independent living at home for longer. Home care services will be at the heart of these discussions.

Healthwatch exists to inform such debates, sharing with providers, commissioners and policy-makers the views of people using care to identify what's working well and where things could improve.

In July 2017 Healthwatch England formally joined with 14 other health and social care coordinating and supporting organisations as part of [Quality Matters](#) - a new cross-sector initiative to set out a single view of quality and to support improvement. We are sharing this briefing as part of our contribution to improving the way user feedback is used by the care sector.

Key themes

Local Healthwatch hear what people think about the quality of local home care services from a variety of sources.

Sometimes it's through working with commissioners and providers to speak to people directly in their own homes. Other times feedback comes from relatives or through conversations with people awaiting discharge from hospital, or at local dementia cafes.

As with our work on people's experience of care homes, the majority of what we hear about home care is positive. People feel that staff demonstrate real dedication to their work, and do a difficult job under significant pressure.

The evidence we have collected highlights four clear themes that are essential to delivering the high quality home care we should all be able to expect.

- **Care planning** – It's important to set realistic expectations for care recipients. Staff also need to read and update plans regularly to ensure care is focused around what people want and need.
- **Skills and qualifications** – Understanding the skills and experience of staff and focusing on professional development is vital to ensuring they are equipped to do their jobs effectively. Over time this can also help reduce staff turnover.

⁴ <http://www.cqc.org.uk/news/releases/most-services-meet-Mum-Test-but-still-too-much-poor-care-finds-CQC>

⁵ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31575-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31575-1/fulltext)

- **Choice and consistency** – Involving people and their families in the assessment process and giving them more choice about how care is delivered is key to helping people feel in control of their care. Continuity of care workers is also crucial.
- **Communication and feedback** – Providers should look to make greater and more regular use of feedback from people and relatives to address problems early and prevent minor issues escalating into complaints.

Care Planning

From what people have said to local Healthwatch, it's clear that good quality, person-centred care relies upon the provision of a well-considered, well communicated, realistic and sustainable care plan.

This approach to care planning ensures people receiving the support know what to expect, and that staff are clear about what their clients both want and need.

It is important that care workers and services listen to what people want and don't just deliver the care they think is best. Shaping this conversation around how care can support people to continue living their lives the way they want can help with this.

Regularly reviewing care plans is also very important and should be seen as a continual process, not something to be done just once a year. This is particularly important in cases where a user's ability to do certain things for themselves might be changing rapidly.

"It can be hard not to "take over" and do the things that the carer thinks should be done e.g. tidying up for a client when actually they quite like all their papers in piles! Often social services think they know what is best for a client and have not even discussed the care package with them."

A care worker speaking with [Healthwatch Dorset](#)⁶

[Healthwatch Warrington](#)⁷ found that many of the dedicated local care staff are looking beyond people's care plan and delivering extra things to ensure they are properly looked after. This is commendable but one interpretation of staff going the extra mile is that the care plan is not comprehensive enough in the first place.

Healthwatch Dorset⁸ heard from both social care staff and other professionals that effective care planning and communication is vital to ensuring all of an individual's care needs are met, particularly when transferring between hospital and home.

However, local Healthwatch frequently found that staff were unfamiliar with their clients' care plans. In cases where it was a staff member's first visit to a client, insufficient time was often allowed to enable them to read the care plan.

⁶ [Healthwatch Dorset, 'Where the heart is: An investigation into home care services', August 2015](#)

⁷ [Healthwatch Warrington, 'Opening the Door: Exploring Quality and Safety of Care Delivered at Home', July 2016](#)

⁸ [Healthwatch Dorset, 'Where the heart is: An investigation into home care services', August 2015](#)

"Unless they have attended before they do not know what has to be done."

Care user speaking with [Healthwatch Blackpool](#)⁹

"They don't follow the care plan for me and I have to prompt them to do things for me."

Care user speaking with Healthwatch Dorset¹⁰

A lack of understanding of the care plan can lead to some very serious problems. Medicines management was one area in particular highlighted by local Healthwatch.

One in seven of those who responded to [Healthwatch Newcastle's](#)¹¹ survey said they had experienced medication being missed due to the home care provider, with one in six stating they felt the provision of medication was either partly safe or never safe. Due to the importance of this issue, Healthwatch Newcastle secured agreement from the City Council to include a need for providers to be compliant with the [latest NICE guidance on medicine management](#)¹² in the new home care contracts.

"I am diabetic and sometimes carers are late or don't show up and that really affects my medications and insulin administration."

Care user speaking with [Healthwatch Barnet](#)¹³

More generally a lack of familiarity with the care plan makes it harder for paid carers to consistently care the way users want.

On a very practical level this could be helped by care staff working with their clients to use physical prompts around people's homes as a reminder of their preferences or using automatic notification systems to update staff about important changes to care plans.

On a more advanced level local Healthwatch found that the best care plans are the ones that look beyond immediate physical needs and think about other challenges such as social isolation. One of the ways to alleviate this is to increase the focus on helping clients do more for themselves.

"We would like to know if it's possible to get him a narrower wheelchair so that he can get by himself into the kitchen area or to the toilet when he's on his own. You know just a little bit more independence."

Relative speaking to [Healthwatch Islington](#)¹⁴

When services don't communicate with each other effectively it can create real problems for those receiving care.

⁹ [Healthwatch Blackpool, 'Domiciliary Care Report', December 2015](#)

¹⁰ [Healthwatch Dorset, 'Where the heart is: An investigation into home care services', August 2015](#)

¹¹ [Healthwatch Newcastle, 'Spotlight on Home Care' report, March 2016](#)

¹² [NICE, 'Managing medicines for adults receiving social care in the community', March 2017](#)

¹³ [Healthwatch Barnet, 'Homecare in Barnet: A report on service user experiences', January 2017](#)

¹⁴ [Healthwatch Islington, 'Home care: Stories from service users', July 2016](#)

Healthwatch Dorset¹⁵ found a number of issues relating to this particular problem, with care staff not being listened to when informing doctors that a client was unwell, GPs changing medication without informing the care provider and other support workers such as occupational therapists and district nurses not updating plans after a visit. Even when information was shared, simple things like a client's new medication having to be taken four times a day yet the care package only allowing for two visits created very practical problems that could have been avoided through better communication.

Effective care planning also needs to be realistic about how much is achievable in the time available. For example, only half (56%) of those who responded to [Healthwatch Blackburn with Darwen's](#)¹⁶ survey of people using home care services said there was sufficient time to complete all the tasks set out in the care plan.

"Sometimes they give me a shower but they go over their time but most of the time they haven't got the time to give me one so I go a couple of weeks without one and that is not right, I feel dirty."

Care user speaking to [Healthwatch Redcar and Cleveland](#)¹⁷

[Healthwatch Torbay](#)¹⁸ heard from staff who reported that unrealistic staff rotas mean they are having to carry out double handed care tasks on their own, and that the high workload has left them feeling "exhausted".

[Healthwatch Bradford](#)¹⁹ and Healthwatch Warrington²⁰ both specifically reported on local residents suffering injury because of insufficient staff being present or rushing when using specialist equipment such as hoists.

Skills and qualifications

Many of those who spoke about their experiences said they valued the dedication and experience of those sent to care for them.

However, where carers lack experience and basic skills, such as being able to wash someone or make them breakfast; this can result in very poor care.

One local resident in her 80s told Healthwatch Bradford²¹ that her carers were unable to boil an egg or make the bed, while another said care workers needed to be taught "home care common sense".

¹⁵ [Healthwatch Dorset, 'Where the heart is: An investigation into home care services', August 2015](#)

¹⁶ [Healthwatch Blackburn with Darwen, 'Your view on home care services' report, February 2016](#)

¹⁷ [Healthwatch Redcar and Cleveland, 'Investigating Domiciliary Care Service Provision in Redcar and Cleveland', January 2017](#)

¹⁸

¹⁹ [Healthwatch Bradford, CRM record, November 2017](#)

²⁰ [Healthwatch Warrington, 'Opening the Door: Exploring Quality and Safety of Care Delivered at Home', July 2016](#)

²¹ [Healthwatch Bradford, 'Come on time, slow down, and smile', May 2015](#)

"Younger carers need more training. Would like them to go out with a senior carer and have more in house training."

Care user speaking with Healthwatch Redcar and Cleveland²²

"Staff are not trained to use bath equipment, so this doesn't get done."

Care user speaking with [Healthwatch East Riding of Yorkshire](#)²³

People often attributed what they see as a lack of investment in staff training and development as the main reason for high turnover.

There are significant workforce pressures facing the sector at the moment, so recruiting and retaining staff has to be a priority. Investing in training can help staff feel proud of their profession and build a positive approach to service delivery and development.

It is therefore really encouraging to see the cross-sector '[Quality Matters](#)' initiative emphasise the need to support the development of leaders and managers in social care, with particular focus on their role developing frontline staff.

"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."

Care user speaking with Healthwatch Warrington²⁴

Training can also help when raising concerns about changes in a client's condition that might require other agencies to take action. It builds greater trust amongst other professions in the judgement of care workers, but more importantly it empowers the staff themselves and enables them to put interim measures in place when there are delays.

For example, Healthwatch Dorset²⁵ heard from one frontline care worker reporting that because of a backlog at the council, one referral they submitted in December took until February to get a response. In the meantime, the care service had to implement the changes they thought were necessary but could only do so because of the experience of the staff. Less experienced care workers might not have been equipped to do so.

Healthwatch Blackburn with Darwen²⁶ recommended that the local council and its providers start specifying minimum training and qualifications for care workers, including specific training around learning disabilities, to help continue to develop the professionalism of those working in the sector. The local council's Overview and Scrutiny Committee endorsed the findings of the report in March 2016.

[22 Healthwatch Redcar and Cleveland, 'Investigating Domiciliary Care Service Provision in Redcar and Cleveland' January 2017](#)

[23 Healthwatch East Riding of Yorkshire, 'Home care services report', June 2016](#)

[23 Healthwatch Warrington, 'Opening the Door: Exploring Quality and Safety of Care Delivered at Home', July 2016](#)

[25 Healthwatch Dorset, 'Where the heart is: An investigation into home care services', August 2015](#)

[26 Healthwatch Blackburn with Darwen, 'Your view on home care services' report, February 2016](#)

Choice and consistency

The best way to ensure care meets the needs and expectations of users is to fully involve them and their relatives in the assessment and planning process.

This means from the outset care users, where possible, should be given a choice of care provider and be able to select which elements of care matter most to them.

Some people might want care workers to focus on the basics, like cooking and help dressing, whilst others might wish to use the support to help them continue doing things they used to do outside the home, such as helping out with reading classes at the local school or getting to mosque for prayer.

However, [Healthwatch Hampshire²⁷](#) reported that a worrying 75% of respondents to their survey did not feel adequately involved in the selection of their care provider.

[Healthwatch Staffordshire²⁸](#) found that families did have significant influence over the choice of providers but perceived a lack of flexibility when it came to selecting what times care staff would visit. A number of people reported it felt like care packages were designed to meet the needs of the service provider rather than the service user.

"I've tried to change my mum's teatime slot, many times, 3.30pm is not teatime."

Relative speaking to Healthwatch Halton²⁹

"Sometimes you question the logic of getting someone dressed and breakfast at 11.30am and then providing lunch at 12.15pm!"

Relative speaking to [Healthwatch Isle of Wight³⁰](#)

"One carer will give me jam and bread for my breakfast. I do not like this carer. The other will give me beans on toast or eggs or ask me what I want."

Care user speaking with [Healthwatch Wakefield³¹](#)

Consistency and continuity of care were also highlighted as a key area for improvement.

On the consistency point all 20 local Healthwatch reports on home care highlighted problems with staff coming at different times and even missing appointments.

Healthwatch Hampshire³² found that the times care staff visit can vary between two to three hours from one day to the next. Even though this is often not the individual staff member's fault, this can have a serious impact on the people who rely on these services.

Continuity of care staff was also emphasised by both users and their relatives. Feedback from those who had a regular staff member visit them was significantly more positive, with users in particular talking about the importance of building meaningful relationships.

Of the 315 care users Healthwatch Newcastle³³ spoke with, continuity of care worker was the number one issue with people stressing the need for 'trust' and 'rapport'.

[27 Healthwatch Hampshire, 'Care at Home' report, June 2017](#)

[28 Healthwatch Staffordshire, 'Domiciliary, Residential and Nursing Care in Staffordshire, June 2016](#)

[29 Healthwatch Halton, 'Home Care - Who Cares' report, December 2016](#)

[30 Healthwatch Isle of Wight, 'Care at Home: Experiences of people who use services', January 2017](#)

[31 Healthwatch Wakefield, 'Home care survey key findings', January 2016](#)

[32 Healthwatch Hampshire, 'Care at Home' report, June 2017](#)

Healthwatch Wakefield³⁴ heard from people who said in some cases they can be visited by up to 20 different care workers in a single week.

Communication around changes to times and care staff was also often found to be poor.

"I wish that we knew more and had some consistency with carers and times they arrive. My mum has dementia and needs consistency - she gets fixed on a time and when they don't arrive at that time she calls us. No one from care company advises of any changes."

Relative speaking with Healthwatch Hampshire³⁵

"Recently, they forgot to arrange a teatime and bedtime visit. If I had not visited mum that day, she would not have been given her tea and she would have been sat in her chair all night as no one was down to visit her."

Relative speaking with Healthwatch Wakefield³⁶

One suggestion from [Healthwatch Leeds](#)³⁷ was that where possible a person should be given a key worker. People felt this would promote consistency in care, which would help improve their well-being as they would be more familiar with staff and therefore feel safer in their home.

More broadly people told local Healthwatch that building a relationship with their care workers was important because for many people it represented their only regular face-to-face contact with another person, not to mention the very intimate nature of the tasks many care workers have to undertake.

Communication and feedback

As we highlighted in our August 2017 report on [people's experiences of care homes](#), there is significant scope for commissioners and providers to make greater use of user feedback to drive improvement in social care.

For individual home care employees, for example, encouraging users to offer feedback can help staff tailor the way they do things to meet individuals' needs. At a provider level this sort of feedback can help them improve the way they plan services and train staff.

However, a number of those who spoke with local Healthwatch during this work highlighted the lack of communication they have with the actual organisations providing their care.

Healthwatch Staffordshire³⁸ heard from one service user who sent some suggestions of how to improve care to the service provider but received no response or acknowledgement.

[Healthwatch Bucks](#)³⁹ found that all communication with clients of one provider was run through frontline staff. This created problems when the usual staff were on holiday or off sick.

[33 Healthwatch Newcastle, 'Spotlight on Home Care' report, March 2016](#)

[34 Healthwatch Wakefield, 'Home care survey key findings', January 2016](#)

[35 Healthwatch Hampshire, 'Care at Home' report, June 2017](#)

[36 Healthwatch Wakefield, 'Home care survey key findings', January 2016](#)

[37 Healthwatch Leeds, 'People's experiences of care received in their own home', February 2017](#)

[38 Healthwatch Staffordshire, 'Domiciliary, Residential and Nursing Care in Staffordshire, June 2016](#)

Relying on care staff themselves to be the channel for feedback can also lead to problems should a care user wish to raise a complaint about the care they have received.

[Healthwatch Leeds](#)⁴⁰ found that people didn't know who to complain to, how to contact them or how the process was supposed to work.

More than 1 in 4 (27%) of those Healthwatch Barnet⁴¹ spoke with said they were reluctant to raise a complaint for fear it might have a negative impact upon their care. In a similar vein, [Healthwatch Bexley](#)⁴² found that people were reluctant to complain because they didn't want care staff, who they felt were under a lot of pressure, to get in trouble. However, those who did raise a complaint felt that it wasn't taken seriously by providers.

Feedback received by Healthwatch Halton⁴³ suggested that while complaints were generally listened to, and initially acted upon, the failures that caused the initial concern seemed to crop up again after a period of time.

Healthwatch Newcastle found that service user satisfaction rates for complaints handling varied enormously between the five home care providers commissioned by the local authority, with between 38% and 88% of people rating the experience positively. Healthwatch Newcastle suggested one way to address this would be to incorporate quality outcome measures in tender specifications.

"Twice in the past two months my evening carer never turned up. I am diabetic, insulin dependent and my insulin is locked away. I have memory loss and the first time it happened I forgot to phone, second time it happened (last week) I called my daughter. On both occasions, the (provider) manager, never phoned to apologise despite complaints from my family."

Care user speaking with Healthwatch Hampshire⁴⁴

It is vital the providers as well as individual carers have an open and positive relationship with their clients. This includes making it clear how people can give feedback, both positive and negative.

Home care managers looking to review existing complaints processes can see the [Healthwatch Social Care Complaints Toolkit](#) for ideas about how working with local Healthwatch can help.

[39 Healthwatch Bucks, 'Voices on Domiciliary Care', March 2016](#)

[40 Healthwatch Leeds, 'People's experiences of care received in their own home', February 2017](#)

[41 Healthwatch Barnet, 'Homecare in Barnet. A report on service user experiences', January 2017](#)

[42 Healthwatch Bexley, 'Care for me at home' report, December 2015](#)

[43 Healthwatch Halton, 'Home Care - Who Cares' report, December 2016](#)

[44 Healthwatch Hampshire, 'Care at Home' report, June 2017](#)

Case Study: Learning from complaints

In August 2016 Healthwatch Torbay started to receive a number of complaints from the public about a particular local home care provider.

To investigate these concerns the team followed up with 22 other people who also receive care from the same provider, as well as speaking with family members and staff.

People who received home care support from the company told us about some of the negative experiences that affected their care, including:

- The majority of those they spoke with did not feel listened to. Requests were often ignored, leading to stress for the care user, their family and care workers who were left feeling demotivated and guilty.
- People didn't know who would visit them or at what time, leaving them feeling vulnerable.
- Care workers felt rushed and were not always given the right information, which meant they had insufficient knowledge of patient needs.
- Inexperienced and poorly trained care workers were unable to do basic tasks, for example, using a microwave or making a bed.
- Not knowing how or when to administer medication meant care workers couldn't meet people's needs safely.

Working together to make change happen

Healthwatch Torbay used the evidence collected from people to raise the issues with the Care Quality Commission (CQC).

This led to an [*inspection*](#) by the CQC looking at the issues raised by local people. The inspectors agreed with their concerns and rated the provider inadequate. To ensure the safety and welfare of the people receiving care, the provider was also placed into Special Measures.

Following the CQC's report the provider agreed to make improvements for both people who use the home care service and care workers. This is a really positive outcome and recognition of the benefits of local Healthwatch and CQC working together.

It also shows the value of people sharing their experiences with their local Healthwatch, highlighting how one piece of feedback can lead to significant focus on an particular problem.

Case Study: Involving users in commissioning

In preparation for Newcastle City Council re-commissioning its home care services, between October and December 2015 Healthwatch Newcastle spoke to local people to find out about their experiences and what they wanted to see from services in the future.

With the council having had its budgets for home care reduced by 28%, it was more important than ever that the views of users be used in designing the new service specification to ensure it focused on the elements that mattered most to them.

Healthwatch Newcastle spoke to a broad range of people, including 199 people currently receiving care support, 124 carers and relatives, 40 care workers, the council, care providers, unions and voluntary groups. They also spoke with the commissioner from the start to ensure that their findings would be valued and used.

Healthwatch Newcastle found that most people were very happy with the quality of care. However, there were seven areas in need of improvement:

- Continuity of care worker (i.e. enabling people to see the same carer each time);
- Communication between the care provider and the individual;
- Medicine management;
- Care worker training;
- Care worker punctuality and time allocation;
- How care workers are managed and supported;
- Complaints handling.

Continuity of care

The main area of concern by far was around continuity of care, with users saying they preferred to see the same care worker each time to enable them to become comfortable with them, for staff to become familiar with their particular needs, and to ensure their medicines were provided correctly. For many users with dementia, the changing staff caused additional anxiety.

However, in reality, many people were seeing lots of different care workers. More than a quarter (28%) of respondents said they either 'never' or 'partly' had the same care worker. They also wanted better communication with the office of care providers, which they said often shared poor quality information or were discourteous.

Listening to this feedback, the council agreed to incorporate the majority of Healthwatch Newcastle's recommendations into the new specification. In particular the council agreed to ensure new services would be in line with NICE guidance and to introduce new performance monitoring processes, focused on tracking improvement around the issues people raised.

"We are very grateful for the recent work conducted by Healthwatch Newcastle on home care services. The results of the survey from service users and their carer or relative have been insightful and valuable evidence for us to help evaluate the service and prioritise improvement areas for the coming home care service tender. We support the recommendations from the report. We have also been impressed with the professionalism of the work and the scale of the survey which has given the report credibility and importance in our thinking."

Angela Jamson, Social Care Commissioner, Newcastle City Council

Next steps

As our introduction makes clear, this review is not a comprehensive study of home care services in England. However, it does highlight a number of areas for further consideration by commissioners, providers, policy makers and individual frontline care staff.

- **Choice** - In some areas users are reporting they have limited choice over who provides their care. This is having a range of knock-on effects, most notably individuals not feeling able to question the care they are receiving as they don't feel they will be able to access care through a different provider.

Where there are problems with the local market, and the commissioners themselves have limited choice over who delivers care, local authorities need to acknowledge the challenge and ensure contracts are building in as much choice as possible for users in how care is delivered. Specific performance metrics around user satisfaction should also be considered to enable local scrutiny mechanisms to ensure quality care is being delivered.

- **Care reviews** - Under the Care Act all recipients of home care are entitled to an annual review of their care package to ensure it is still meeting their need. However, it is clear that in the best-performing areas reviewing care plans is a continuous process where care staff and clients speak to each other to refine things as they go.

Adopting this approach more widely would help to create a more open culture around feedback and ensure that providers are continually updating their offer, as well as preventing minor concerns turning into formal complaints.

- **Relationships** - care users who are provided with a primary care worker or small team of care workers report building more meaningful relationships. This is important for tackling a range of issues, from users feeling comfortable and safe with care staff in their home to addressing the problems arising from social isolation.

Where it's not possible to provide this level of consistency, provider organisations need to place even more emphasis on office staff building relationships with clients and ensuring they provide all service users with key information including staff rotas so they are aware of who is coming to their home, when, and who to speak to if there is a problem.

- **Integration** - In a world where health and care services are becoming increasingly integrated, home care workers have the potential to be the eyes and ears, looking out for the people in our communities who are in some of the most vulnerable situations.

To do this other parts of the system need to be measured on how they are keeping home care providers informed about things like medication changes and how effectively they are acting when care staff escalate concerns about changes in a client's condition. Care staff themselves will obviously need additional training and support to take on this role but it could play a key part in both recognising and building the confidence and skills of the profession.

What's next for Healthwatch?

It is encouraging to see that a significant number of the local Healthwatch who have contributed to this briefing have also had their evidence used by local commissioners to inform the development of new service specifications and contracts.

For example, Healthwatch Isle of Wight report that since their work their local authority has rolled out dementia training for local care staff and Healthwatch Dorset have seen the development of new strategies for local authority commissioned home care services across Dorset taking into account their findings “that services must surround the individual” and be delivered in a “respectful and compassionate manner”.

Healthwatch Torbay and Healthwatch Islington were amongst those who have seen their findings inform CQC inspections, with many others helping to shape the focus of local Quality Surveillance Groups.

We also saw how a clear benefit from council commissioners and local providers working with their local Healthwatch to shape projects together from the beginning, timing them to coincide with any local commissioning or performance management cycles for home care services.

Healthwatch Wakefield in particular highlighted that by working in partnership with Wakefield District Housing, who provide 30,000 homes across the district, they were able to reach out to far more home care users with their survey. As a result, their local authority was particularly interested in their findings.

At a national level, Healthwatch England will now seek to highlight the ongoing insight we can collectively provide as a network into the quality of home care services.

We will introduce ways to share this intelligence more regularly with national regulators such as the CQC, as well key social care bodies such as the Local Government Association (LGA), the Association of Directors of Adult Social Care (ADASS), the Social Care Institute for Excellence (SCIE) Skills for Care and provider associations such as the National Association of Home Care Providers.

We will also look deeper into the intelligence as it emerges to identify if different types of care users are having different experiences. For example, are specific minority groups not able to access appropriate care or do the experiences of young people with life-long care needs differ from those of older people?

This insight will be crucial for ensuring equalities issues are considered as the Government looks to consult on what the future of the sector should look like.

Thank you

Thank you to the 52 Healthwatch whose evidence has contributed towards this briefing. These include local Healthwatch from the following areas:

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