



SOCIAL CARE

IN THE
LONDON BOROUGH OF
BROMLEY



Contents

1. Summary	3
2. Strategic Drivers and Engagement Methodology	3
3. Key Themes	4
4. Survey Results	5
5. Qualitative Comments.....	7
6. Focus Groups	8
7. Patient Stories.....	9
8. Recommendations	11
9. Demographic Information.....	12
10. About Healthwatch Bromley.....	12
11. Acknowledgements	14
Appendices.....	15
i. Questionnaire.....	15

Social Care in the London Borough of Bromley

1. Summary

Healthwatch Bromley carried out a research project across the London Borough of Bromley considering the social care needs and experiences of the population. The project focused on accessibility issues, social care assessments, care package provision and quality of care.

Healthwatch used a three pronged engagement process to capture a picture of the state of social care provision:

- Open call through our website and e-bulletin, through the form of an online survey.
- Targeted focus groups with residents with long term conditions and carers
- Individual patient stories looking at their care pathway

This report highlights the key themes and responses from the engagement, including current experience of social care services, and their opinions and suggestions for improved local services.

2. Strategic Drivers and Engagement Methodology

The Care Act 2014 laid out a new revised role of local authorities in the provision of social care and wellbeing of local residents. The act highlights the importance of prevention and an outcome focused approach.¹ The Care Act also sets a list of responsibilities, such as ensuring that people are treated with dignity and respect and as equals. Providers also need to make sure that care is provided in accordance with the individual's needs, and that the assessment takes into account people's care preferences.² Healthwatch Bromley understands that social care provision is operating in an increasingly difficult landscape and is under financial constraints. In light of this, Healthwatch looked at the quality of care of current provision and the small differences that can improve patient experience. Healthwatch's aim was to capture patient experience from the beginning of an individual's entry into the system right up to their direct experience of care provision.

Healthwatch Bromley organised two focus groups to engage communities across Bromley. Engagement sessions enabled meaningful interaction with individuals and groups to gather both positive and negative experiences. Our engagement involved detailed conversations and listening. A variety of backgrounds and diverse groups were engaged. A total of **46** people were engaged. The demographic information of respondents was captured, the analysis of which can be found in Section 7 of this report.

¹ <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

² <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/>

3. Key Themes

Detailed below are the key themes identified across all the focus groups and the detailed conversations with participants.

• Access

Access to social care services was reported as an issue. This consisted of difficulties in contacting services, being kept on hold for long time on the phone, and not hearing back from services following initial contact.

• Assessments

It was felt those in receipt of social care required a more meaningful input into their own assessment. The involvement of family and carers in decisions was also noted as an issue. Participants felt that the assessment process should be done in a respectful way using clear and accessible language. Participants often mentioned the “snapshot” element to assessments, and felt a clearer picture of individual need and capability needed to be established over time. Coordination and consultation with other services during the assessment process would also be beneficial.

• Activities

Being able to engage in a variety of activities in day centres was a key issue. However, there is a need for more variety both in and outside day centres. It was commented that often care workers played an important role in ensuring people had access to these activities and resources.

• Consistency

Consistency of care was an important aspect of service satisfaction. All participants valued familiarity of a carer or support worker, as this created a sense of safety and empowerment. As a result, the use of agency staff was a concern for many.

• Quality of care at home

Satisfaction levels were often determined by the quality of service provided by paid carers who support people in their homes. The views were mixed with some people reporting to have excellent carers, whereas others questioned the quality of care. Issues highlighted included: a lack of caring attitude, punctuality, disrespectful tone and treatment, and a lack of sensitivity around issues of mental health.

• Quantity and quality of support

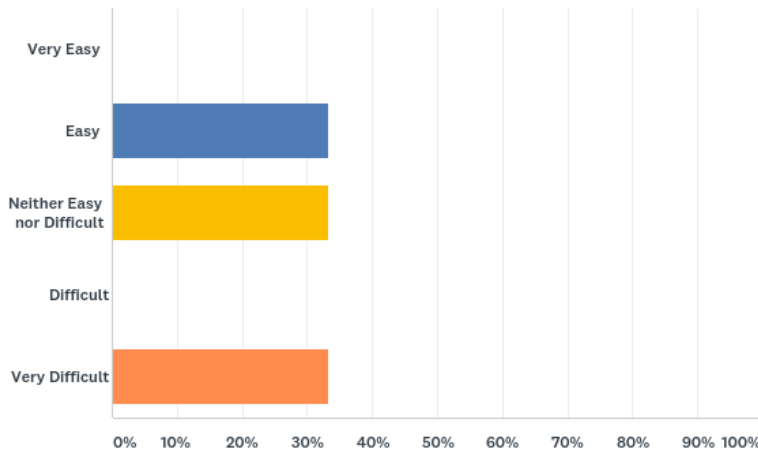
Recipients often had to wait long periods of time for their care packages to become effective after their assessment. Also in some instances, recipients felt that after their assessment they were provided with less care than required. It was felt that limited provision put heavy strains on unpaid carers and family members.

4. Survey Results

The following analysis highlights the key responses from the survey:

All respondents had received social care assessment or reassessment in the last 18 months. However, when asked whether they or a family member/carer had been sufficiently involved in the process, only **62%** felt that they had, with **38%** commenting that further information and consultation was needed.

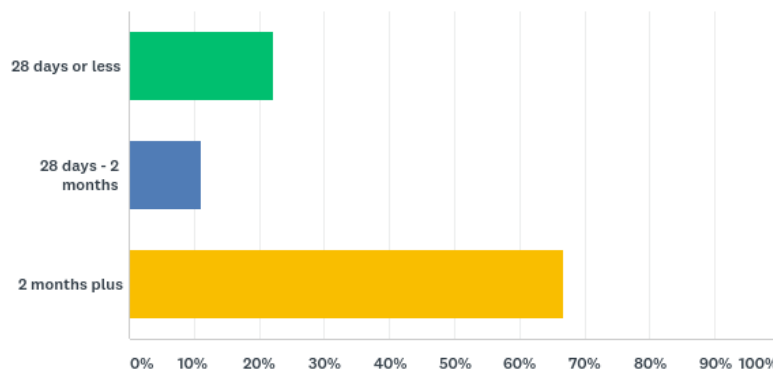
Q6 If yes, how easy was it to arrange? If no, please go to Q9.



An equal number of respondents felt that it was 'Easy' or 'Very Difficult' to arrange an assessment. This would indicate differing experiences of the system but may suggest that booking a re-assessment was easier than initially accessing the system.

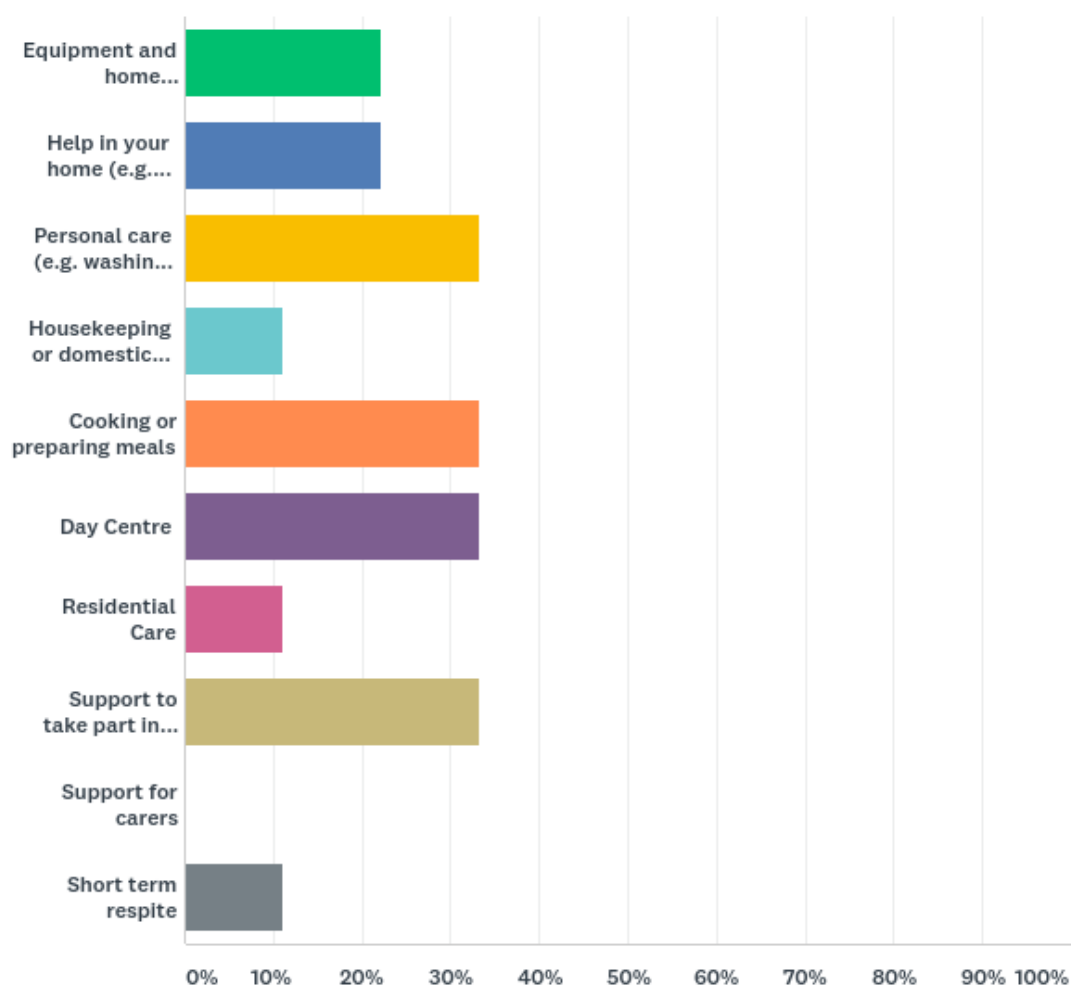
67% of respondents had to wait over two months for a care package to be put in place.

Q7 How soon after your initial assessment did your care package take effect?



When asked whether they felt they had received sufficient information or explanation around their care and support options, **56%** felt they had not and **22%** were unsure.

Q11 What type of social care support do you receive?



Receiving personal care, for example help with washing or dressing, was one of the most commonly used services. In discussions with people, the lack of consistency around this care was cause for concern, as were issues of timing or arrival of care staff. 33% of respondents also received support with cooking or preparing meals. The next biggest category was attendance at a day centre in the borough, for example the Bertha James Day Centre.

Of those currently receiving care, 22% had been in receipt of care for 0-6 months, 33% for 6-12 months and the majority at 45% had been receiving social care support for over 24 months.

When asked whether they were satisfied with the care provided, 56% of respondents indicated that they were not. Furthermore, only 44% of respondents stated they knew who to contact if they wished to make a complaint. However, reassuringly 78% knew how to raise a safeguarding concern with the local authority.



5. Qualitative Comments

"It took months to get a core assessment and when this had taken place, it took a long time for the core assessment to be operationalised. Very poor. I eventually contacted the care provider for support and as a result of their intervention the core assessment was finally produced and care could begin."

"Care assessment takes too long and case managers always go on long term sick leave."

"Happy now but it took a 10-month battle to get there during which the respite care option was dreadful."

"Respite care started in June & he enjoys the company"

"Not enough time, not enough help for my carer"

"Sometimes agency staff are used which is not preferred"

"Happy with them supporting me with daily things"

"Some of the staff are lazy and on their phones"

"The support from the care provider has been simply wonderful. Support from statutory social services has been simply appalling - it's down to funding."

"The service used is the Learning Disability Service. The referral was made in July 2016 and eventually a care manager undertook a core assessment (end Nov 2016) but this was not written up until the end of January 2017...meaning that from referral until commencement of placement was 7 months. The core assessment contained several fundamental inaccuracies and the amount of care offered was wholly inadequate. As carer I have not been offered a Carer's Assessment. There are inadequate services for adults with LD and too few care managers managing high caseloads. The care provider is however excellent."

"We are happy with the social care we receive but very unhappy with the procedures for continuing healthcare assessments carried out by the CCG"

6. Focus Groups

Focus groups were held and planned around local people's availability and time commitments. The feedback from the individual focus groups are summarised below:

Bromley Young Advisors

Bromley Young Advisors is a local group of young people with disabilities, many with both additional needs and long term physical conditions.

The group discussed the issuing of care packages and the need to take their opinions into account when deciding on their care. One participant commented that she had been issued support, when she personally did not feel that she needed it. The young lady had severe physical disabilities but felt that with the support of her family she could manage independently. She stated that she did not feel comfortable with the situation and that direct payment had been issued without prior consultation. She felt she needed more information to make an informed decision. She was also unaware that she had undergone an assessment, and had received no written copy or further information about her social care provision. It was commented that all she wanted was to be informed and she found the process frustrating. She has several concerns around the logistics of receiving direct payments and the fact that they should be used weekly. It was understood that you could pick anyone to fill the role of personal assistant but she had concerns about organising this. For someone with additional and challenging needs already, this felt like a long process to deal with. It was commented that it felt strange paying someone you know to care for you, and there were also concerns if this might have a knock-on effect on their carer's allowance and welfare allowance. She had "mixed feelings" about the situation. As she worked, she was concerned as to whether this support would fit around her existing commitments, commenting that "it's not right, I just want independence." Ultimately, she was not comfortable with the situation and felt that the care manager hadn't listened - "she thought I needed it, not me."

The group also felt that the term PA or personal assistant, was the wrong term and could potentially be misleading for people. As a group of young Bromley residents, it was also felt that the gender and age of the support worker was important, and sometimes this wasn't considered. The group also felt that a digital copy of their care package would be helpful, as well as a postal copy of all relevant documents. One member of the group expressed concern during their transition from children's services, with no reassessment being offered, despite him almost turning 25.

The group discussed gaps in communication between local health services and the local authority. It was felt that if this process was streamlined it would greatly improve their experience. One participant commented that she had to purchase her first mobility scooter independently as it proved to be more expensive to buy using her Disability Living Allowance. A community issued wheelchair was also a concern as she had been using the same one for eight years and had never been offered a fitting or a check, she had simply been issued "one to grow into".

For those who received care at home, consistency of care was a concern, with many experiencing multiple care workers in the same week. Transport was also raised as a big concern by the group, with many missing appointments due to either delayed transport or it simply not turning up. It was also commented that the booking process for community transport was overly complicated and did not meet people's needs.

Bromley Carers Forum

Bromley Carers Forum offers an opportunity for local carers to come together to discuss issues and access support in their community.

The group commented that the everyday battle of ensuring that their loved one has the support they need is all consuming. Many in the group expressed their frustration as to what seemed like constant reassessments from the social care team. It was felt that in some instances this was unnecessary as their family member's condition or situation did not alter. For many, their family member's care plan was reviewed regularly, with each time a different person carrying out the assessment. Furthermore, it was felt that their opinion and experience was not considered during the assessment. Many highlighted the issue of individuals "performing" during an assessment, resulting in an unrealistic picture of their capabilities and needs. One lady commented that as a result of her husband's assessment he was refused a frame, despite having a history of falls and subsequent hospital admissions.

One participant told Healthwatch that her severely disabled husband was prematurely discharged from hospital without any warning. He was returned to an empty house, whilst she (his full time carer) was away on holiday for the first time in five years. The organisation called for a locksmith and organised for the patient to be left at home alone. As a result, his carer had to return from her respite break to come and support him. She later filed a complaint on behalf of her husband, highlighting concerns about a lack communication and safeguarding issues. There was a six week wait for any kind of response, with the final response being very unsatisfactory. It was commented that there was no plan in place to prevent the same thing from happening to others. The group confirmed that instances like this make it much harder to cope with an already difficult situation.

7. Individual Stories

Healthwatch captured two individual stories of Bromley residents who had in depth experience of local social care services. Their experiences are detailed below.

Patient A - Carer of local resident receiving social care support

During the assessment, the carer was not informed that she could be involved in the assessment process, nor was her input taken into account when reviewing the final social care assessment. She felt that through lived experience and day to day realities they have a lot more understanding than the individual who carries out the assessment. Her husband was classified as "mobile" during the assessment despite lying in bed and being unable to move fingers or even swallow. At a later date, the social worker also commented that this was inaccurate and not representative of the husband's day to day needs. She felt that often assessors gave generous scoring when marking the abilities of the husband.

The carer commented that for many of the assessment questions, they seemed rather "black and white", and failed to take into account the realities of living with severe disabilities. The assessor commented that it takes less than half an hour to feed when it normally takes two. The Speech and Language Team (SALT) had also said that he needs to eat slowly. It was felt that this information and supporting evidence from SALT should have been taken into account when making the assessment and final decision. The carer also felt that there was sometimes an element of performance during assessments and that a gradual assessment of someone's needs rather than a "snapshot" would be more beneficial in the long term. The carer commented on the attitude of the assessor and the fact that they were "not assessing her husband as a person."

The carer commented that she had to request a copy of the care plan after her husband's assessment, stating that she totally disagreed with the final assessment. She subsequently appealed, but this was turned down and only a minor change was made to the scoring on his mobility scale. The waiting time for the result took a long time and caused further anxiety. Eventually it was decided that her husband did not qualify for continuing care which caused significant distress.

Patient B - Local patient

January - Patient had an accident and was admitted to the Princess Royal University Hospital (PRUH). It was commented that their care at the stage was good.

Early Feb - Discharged to Lauriston House for rehabilitation, where there was minimal rehabilitation support provided. Overall, it was not a good experience.

End of February - Discharged to Home Pathway. Patient received an initial visit for an assessment and then did not hear anything again.

Early March - Patient had to return to the PRUH as an emergency admission due to an infection.

End of March - Discharged to Home Pathway again. Patient had one visit from a healthcare assistant who watched her shower, and after personally requesting it, a visit from a physiotherapist who provided information around some basic exercises. The patient had to subsequently invest in private physiotherapy as the treatment they were receiving was not sufficient.

Six weeks later - A member of staff from the social care team telephoned the patient to enquire as to how they were getting on with their care package. The patient was unaware there was a care package in place and had not received any further support after being discharged from hospital. The member of staff did not seek to rectify this and the patient did not hear anything further. Attempts to contact the service did not achieve any clarification.



8. Recommendations

Based on our engagement, Healthwatch Bromley would suggest the following recommendations for local social care provision:

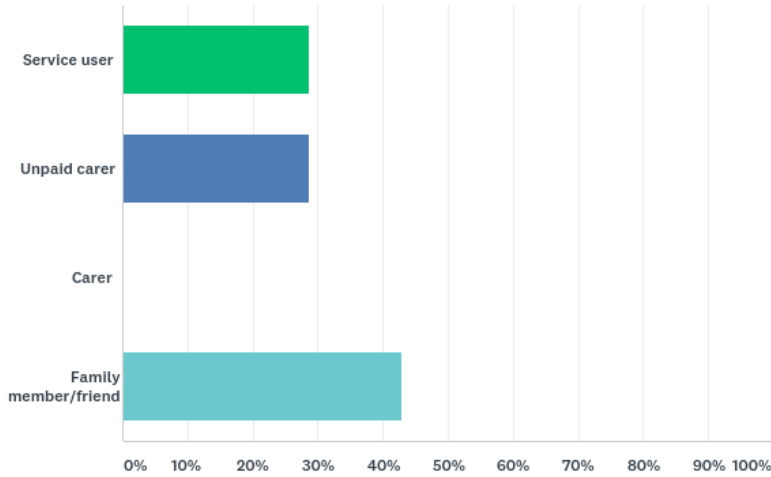
1. Individual experience and knowledge to be valued in the development of a care plan to suit individual's needs, as well as meaningful involvement of carers during the assessment process.
2. Clear information and explanation of care options to be made available to people prior to receiving care. Individuals should be consulted on their needs and expectations regarding available support.
3. Further assurance that individuals and carers will receive a hard copy of their care plan would be welcomed.
4. Coordination of health and social care services needs to be improved, especially during the assessment process for determining the level of support needed by an individual.
5. Process and paperwork for securing respite for carers to be streamlined, with more opportunities being made available.
6. Improved access to social care services via telephone, and reduced waiting times would benefit both recipients and their families. Providing a name point of contact would also be beneficial.
7. Additional training for social care staff and care workers to ensure people receive consistent and high quality care.
8. Ensure care workers have enough time to carry out all tasks as per the individual's care plan. Commute times and regular traffic patterns to be incorporated into care worker's rotas to enable staff to be punctual and allow sufficient time to deliver care packages.
9. Improved consistency of care, especially when relying on agency workers, ensuring there are processes in place to arrange good quality cover for any absence.



9. Demographic Information

The following details the demographic information of the respondents. Please note that the charts refer only to those who completed either the online or paper survey.

Q1 Are you the...?

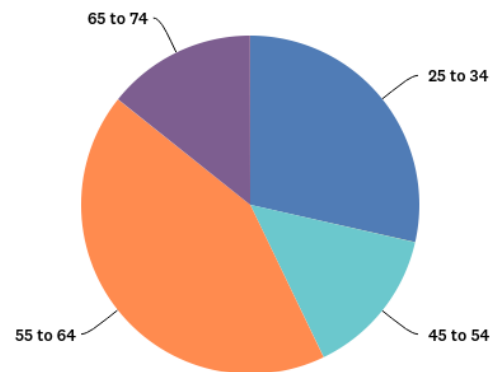


- 29% were service users
- 29% were unpaid carers
- 42% were a family member or friend

100% of respondents were female

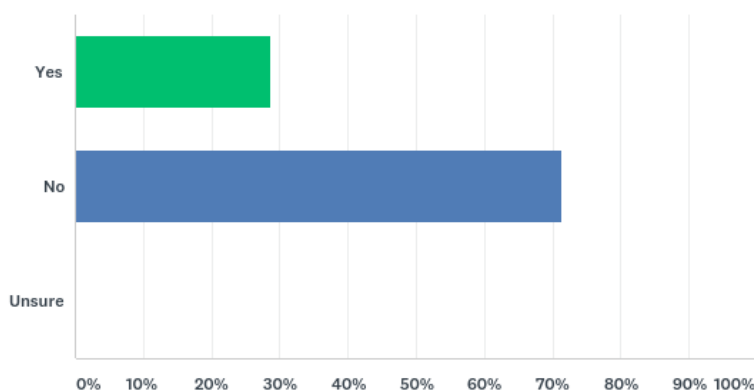
- 89% White British, with 11% identifying as British Asian
- 80% were heterosexual and 20% identified as bisexual

Q21 What is your age?



10. About Healthwatch Bromley

Q24 Do you consider yourself to have a disability?



- 29% considered themselves to have a disability
- 43% aged between 55 and 64
- 29% aged between 25 and 34

Healthwatch Bromley is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Bromley, as an independent health and social care organisation, is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley gives children, young people, and adults in Bromley a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making peoples' views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Bromley and Bromley on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).



11. Acknowledgements

Healthwatch Bromley would like to thank all the participants that took part and shared their experiences and stories with us. We would also like to thank the following organisations and networks that supported us in engaging people across the London Borough of Bromley:

- **Bromley Young Advisors**

Community House,
South Street,
Bromley BR1 1RH
Tel: 020 8315 2508.

- **Bromley Carers**

1 Kent Rd,
Orpington, BR5 4AD
Tel: 01689 898289



Appendices

i. Questionnaire

Social Care in the London Borough of Bromley

This survey looks at social care provision in the London Borough of Bromley. The information given will be used by Healthwatch Bromley in order to obtain an understanding of the public's experiences of local social care services.

The survey is anonymous and should take no more than 5 minutes to complete. This survey can be filled in by service users or carers on their behalf.

1. In which borough do you live?

2. Please state the first line of your postcode, e.g. BR1, SE20 etc:

2. Are you the ...?

- Service user
- Unpaid carer
- Carer - Family member/friend

3. Are you in receipt of social care?

- Yes
- No
- Unsure
- Prefer not to say

4. Have you received a social care assessment or reassessment in the last 18 months?

- Yes
- No
- Unsure
- Prefer not to say

5. If yes, how easy was it to arrange? If no, please go to Q9.

- Very easy
- Easy
- Neither easy or difficult
- Difficult
- Very difficult

6. How soon after your initial assessment did your care package take affect?

- 28 days or less
- 28 days - 2 months
- 2 months plus

7. Were you happy with the outcome?

- Yes
- No
- Unsure
- Prefer not to say

8. Do you feel you, your family member, or preferred carer were adequately involved in the process?

- Yes
- No
- Unsure
- Prefer not to say

If possible, please explain why:

9. Do you believe you received sufficient information and explanation around your care and support options?

- Yes
- No
- Unsure
- Prefer not to say

10. What type of social care support do you receive?

- Equipment and home adaptations
- Help in your home (e.g. nursing and health care)
- Personal care (e.g. washing or dressing)
- Housekeeping or domestic work
- Cooking or preparing meals
- Day centre
- Residential care
- Support to take part in educational, leisure and social activities
- Support for carers
- Short term respite
- Other

10. How long have you being receiving social care?

- 0-6 months
- 6-12 months
- 12-18 months
- 18-24 months
- 24 months +

11. Do you feel you are treated with respect and dignity by those who are involved in your care? If possible, please can you give examples of good care?

- Yes
- No
- Unsure

Example:

12. Are you happy with the level and quality of care you receive?

- Yes
- No

13. Could you please tell us about a situation a) where you were happy with the support you received and b) a situation where your support could have been improved?

14. If you wanted to make a complaint, would you know who to contact?

- Yes
- No
- Unsure

15. Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. Would you know who to contact if you had safeguarding concerns?

- Yes
- No
- Unsure

16. If in receipt of home visits or domiciliary care, please rate the following areas of your care from 1-5. 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good & 5 = Excellent

Area	1	2	3	4	5	Unsure
Punctuality of staff						
Frequency of visits						
Choice of care						
Staff attitude and behaviour						

If you have any further comments or information regarding local health provision outside of GP opening hours, please include them below:

Demographic Information

What is your gender?

Male

Female

Prefer not to say

What is your age?

18-24

25-34

35-44

45-54

55-64

65-74

75 or older

How would you best describe your ethnicity?

What is your sexual orientation?

Heterosexual

Homosexual

Bisexual

Asexual

Other

Do you consider yourself to have any disability?

Yes

No

Thank you for sharing your experience.

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Community House
South Street
Bromley
Kent
BR1 1RH

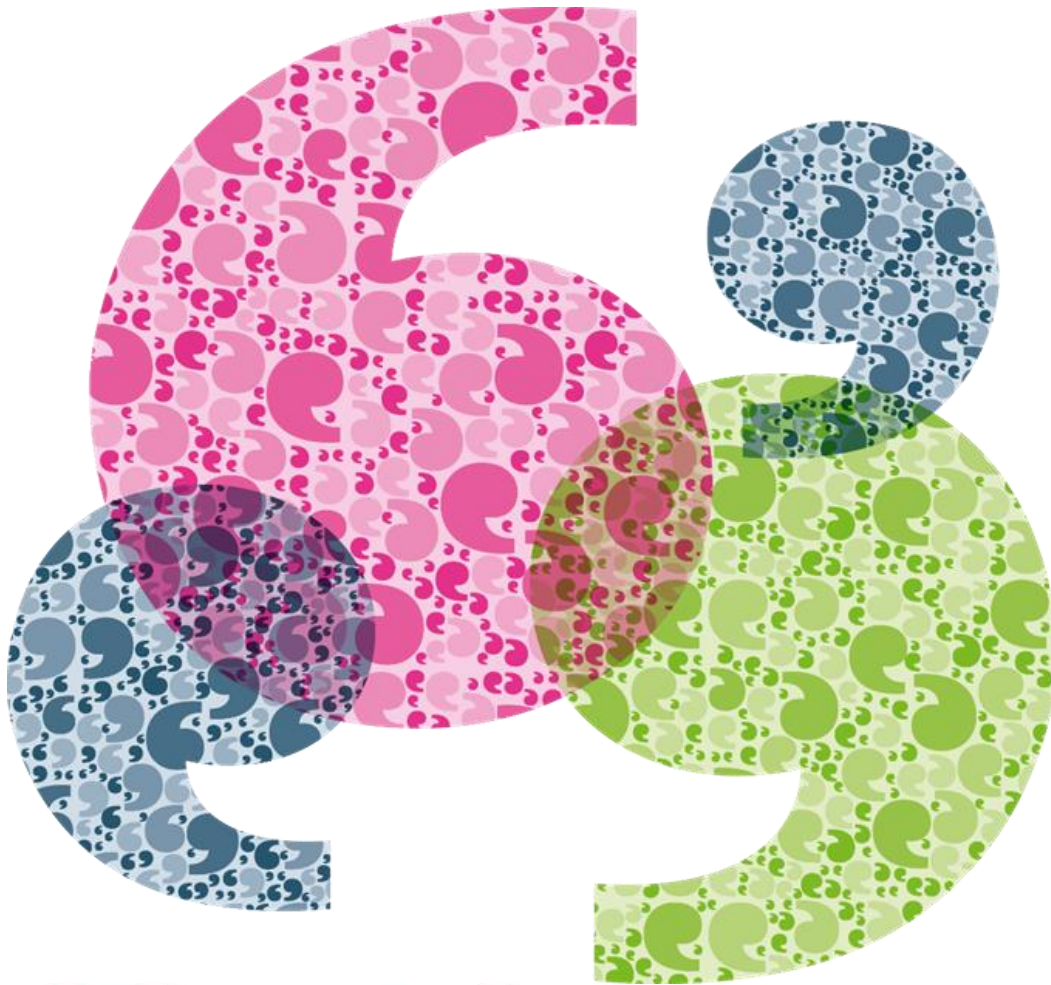
0208 315 1916

Report & Recommendation Response Form

Report sent to	Stephen John - Director of Adult Social Care
Date sent	12/02/2018
Details of report	Social Care in the London Borough of Bromley A research project across the London Borough of Bromley looking into the social care needs and experiences of the population. The project focused on accessibility issues, social care assessments, care package provision and quality of care.

Date of response provided	
General Response (If there is a nil response please provide an explanation for this within the statutory 20 days)	Healthwatch Bromley contacted the London Borough of Bromley for a response to this report. To date, we have yet to receive a response to our report or recommendations (Thursday 22 nd March 2018).
Signed	
Name	
Position	

February 2018



healthwatch Bromley

© Healthwatch Bromley 2018

Community House
South Street
Bromley BR1 1RH
Tel: 0208 315 1906
Email: admin@healthwatchbromley.co.uk
Website: www.healthwatchbromley.co.uk

Healthwatch Bromley is delivered by Community Waves Ltd. Community Waves is a Registered Charity (1159132) and a Company Limited by Guarantee (9044348). Community Waves is a voluntary and community organisation that builds bridges between local people and decision makers by using effective engagement and involvement to impact on community wellbeing and development.