

Home Care in Barnet

A report on the experiences of local home carers
and home care agencies



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Executive Summary

Following a previous Healthwatch Barnet report on the experiences of home care service users published in 2016, we have recently sought the views of home care agency managers and home carers. The aim was to paint a more comprehensive picture of the experiences and challenges around delivering home care services locally. Overall, we interviewed six home care agency managers and 46 home carers.

Through this research it emerged that:

- The number of people requiring home care locally is increasing, however there is a lack of home carers to meet this demand
- Recruiting and retaining home carers is challenging, which was often attributed to low pay
- Low rates of pay (wages and for travel) were a recurring issue for home carers
- Specifications set out by commissioners make it hard to maintain continuity of home carers and provide quality care as well as to deliver person-centred care
- Home care agencies and home carers both agreed that home care and hence home carers are undervalued
- Home carers received a wide range of training and supervision from their agencies
- Home care agencies carry out regular checks on home carers and ask service users for their views on the home care they receive
- Coordination between NHS and social care professionals is a challenge

We have developed the recommendations below to address the key improvements identified in our research.

In summary, our findings echo those of Healthwatch Dorset which reported that: “Services need a high quality and stable workforce, rewarded and recognised appropriately for the essential and, at times, demanding work that they do.”

Healthwatch Barnet Recommendations

Recruiting Home Carers

1. Commissioners to carry out a needs assessment to identify future local demand for home care and develop a workforce plan to meet the need.
2. Commissioners and providers to jointly run a publicity campaign to actively promote home care as a positive career choice.
3. Home care agencies to continue to use a variety of recruitment methods including online, print advertising and word of mouth.

Fairer Commissioning

4. Commissioners to calculate an allowance for travel costs and travel time and include it in their contact specification.
5. Home care agencies to ensure rotas allow enough travel time and time to complete each visit.
6. Commissioners to review all contracts to include a costed specification to pay home carers a realistic minimum wage, for home carers living in London.

Valuing the Work of Home Carers

7. Commissioners and providers to work together to create a culture which recognises the valuable role home carers play locally.

Ensuring Quality Care

8. Commissioners to consider moving towards more outcomes based home care commissioning, as opposed to timed and specified activity models.
9. Home care agencies to promote complaints and feedback procedures and consider other methods of gathering feedback, while reassuring service users that making a complaint will not affect their care.

Ensuring Continuity of Care

10. Home care agencies to increase the number of service users who have a regular back up team of home carers who are familiar with their needs.

Improving Joint Working

11. Commissioners to regularly consult home care agencies and home carers when reviewing care packages, to ensure that recommendations are based on an understanding of current situations and are feasible on the ground.

London Borough Barnet Response

In response to this report, we received the following from the London Borough of Barnet:

"London Borough of Barnet would like to thank Healthwatch for their report on Homecare in the borough. LBB will take into account the findings and recommendations as part of our on-going engagement with homecare providers and future commissioning work."

About Healthwatch Barnet

Healthwatch Barnet is one of a national network of independent local charities that aim to help local people get the best out of their health and social care services. Healthwatch Barnet enables residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

Acknowledgements

We would like to thank the home care agencies and home care workers who volunteered to take part in this research, providing an insight into the experiences of home care agencies and their staff across the Borough of Barnet. In addition, we would like to thank the Healthwatch volunteers who worked hard to carry out the research and compile this report. They are Linda Jackson, Marion Kafetz, Maureen Lobatto, Helen Andrews and Helena Pugh.

A huge thank you also to Helena Pugh for compiling and writing this report on behalf of Healthwatch Barnet.

1. Introduction

1.1 What is home care?

Home care (or “domiciliary care” as it is sometimes called) is care provided in an individual's own home, often of a personal nature. It is designed to help people remain living independently in their own homes and give them choice and control over how their lives. Services can range from a 30 minute check¹ to make sure someone has taken prescribed medication, through to 24-hour live-in care. Home care commonly includes help with:

- getting up and going to bed
- washing and going to the toilet
- dressing
- preparing food
- medication
- housework

Although generally speaking home care does not include health care, occasionally trained home carers do for example, change dressings.

Home care can be arranged by the local authority adult social care services following an assessment of need as part of a care package, or privately by the individual themselves, or someone acting on their behalf. Some home care is arranged following a stay in hospital or a crisis; this can be referred to as a re-ablement package and is generally for a short period of time of around six weeks.

1.2 Home care in England

In August 2017 Healthwatch England produced a briefing which stated that: Across England there are more than 8,500 home care providers collectively helping an estimated 673,000 people to continue living independently in their communities.

The briefing provides a ‘snapshot’ of the main concerns for people using home care across England. Analysis of the evidence gathered identified the following four key themes as essential to delivering high quality home care: **care planning; skills and qualifications; choice and consistency; and communication and feedback**. Information collected for the Healthwatch Barnet survey of home care users (described below), is included in this briefing. The recognition that a focus on home care is needed is not new. A review published by the Care Quality Commission (CQC) in 2013, looked at whether people receiving care at home are treated with dignity and respect, are supported by skilled staff, have choice about their care and benefit from processes that are meant to keep them safe. **The review recognised that there is pressure on services due to the arrangements for commissioning home care, strains on social care budgets and the rise in the number of people with complex needs.**

¹ 30 minute checks, or ‘30 minute calls’ as they are referred to elsewhere in this report, are visits carried out by home carers that last for only 30 minutes

In response to the CQC review, in 2015 the Department of Health asked the National Institute of Clinical Excellence (NICE) to develop a **guideline to help address issues of quality, reliability and consistency in home care**. This guideline has also been used later in this report to develop local recommendations.

The Local Government Information Unit (LGIU) has also considered the issue of home care and published a report in 2014 which looked specifically at the home care workforce. It made several recommendations about the need for: **Better and fairer commissioning; valuing care and care workers; and responsible and innovative providers**.

The issues covered in these reports have helped us to analyse the information we have collected locally. In addition, recent reports about home care by Healthwatch Dorset (2015) and Healthwatch Newcastle (2016) provided useful background to our understanding of home care locally.

1.3 Home care in Barnet

In 2016 Barnet Council introduced a new model for home and community support services. Each locality within Barnet (North, West and South) has two main providers and a cohort of additional approved providers working across the borough. There was considerable service user involvement in the design of this process and the development of the new specifications.

The approved providers are the only ones who provide home care services commissioned by the Council, but members of the public can independently access services from any of the registered care providers in the borough. There are approximately 70 home care providers registered with the CQC in Barnet.

There are around 1,250 Barnet residents in receipt of council supported home care and reablement packages (N.B. this does not include residents receiving home care who arrange it for themselves or whose families or friends arrange it for them). There are roughly a further 1,050 people using direct payments² locally.

1.4 Why Healthwatch Barnet is focussing on home care

This report looks at the challenges and what works well for home care agencies and home carers in Barnet.

In the last few years Healthwatch Barnet has received feedback from local residents who were concerned about the quality of care they, or their friends and relatives, received through home care agencies. This is particularly important as home carers generally work on their own in vulnerable people's homes. As home carers are often crucial to supporting people to continue to live independently and in their own home, those receiving home care can be

² Direct payments are cash payments given to service users in lieu of social care services they have been assessed as needing, and are intended to give users greater choice in their care. The payment must be sufficient to enable the service user to purchase services to meet their eligible needs, and must be spent on services that meet eligible needs.

reluctant to raise their concerns. It is widely acknowledged that it is difficult to fully monitor home care and to ensure a quality service is being delivered.

To help Healthwatch Barnet to get as complete a picture as possible of home care locally, during 2015-2016 we surveyed home care service users and, in this report, we present the findings of our 2017 surveys of home care agencies and home carers.

2. Healthwatch Barnet home care service users' survey 2016

Between November of 2015 and April of 2016, we sought the views of people using home care services and their relatives/unpaid carers. We surveyed people who used council services, and those who paid for their care privately. Over 40 responses to this survey were received.

2.1 Findings from the Healthwatch Barnet home care users' survey

A [full report](#) of the findings is available on our website and a summary of the main findings can be found below:

Key findings from Healthwatch Barnet survey of Barnet home care service users, published 2016

- A lack of continuity of home care workers, where a service user may have a different number of home carers to work with over a short period of time (63% had a regular carer).
- A lack of awareness among service users and carers of how to make a complaint.
- 27% of service users were reluctant to raise a complaint, in fear of reprisal.
- 15% of service users were not satisfied with the service they receive, due to their carer's lack of knowledge or skills in care.
- Varied experience with the number of care plan reviews between Council-funded and private home care agencies; users of Council-funded agencies report a lower rate of reviews (37% compared to 74% of self-funded users).
- A lack of understanding among service users and carers about the funding arrangements for home care following a hospital stay.

3. Methodology

3.1 Interviews with home care agency managers

Between June and November 2017 managers from 15 home care agencies were contacted to take part in this research. We were able to arrange meetings with six of these who were interviewed by Healthwatch Barnet staff and volunteers. Agency managers were interviewed individually and were asked a series of questions using a semi structured interview schedule, which can be found in **Appendix A**.

3.2 Survey of home carers

From September to November 2017 we asked home carers about their experiences of providing home care in Barnet. We used an online survey and paper questionnaires and contacted home care workers across the borough as we wanted to engage with as many home carers as possible, irrespective of whether they worked for one or more home care agencies. The link to the online survey was shared with care agencies and on social media, as well as in Healthwatch publicity. In addition, home care agencies were visited in person and carers were invited to take part in the survey, for which they received a voucher as a thank you. We wanted to hear about all experiences – good and bad. The questionnaire we used can be found in **Appendix B**.

4. Findings of home care agencies and home carers' surveys

4.1 Profile of the home care agencies

Throughout the data collection period we were able to interview six home care agency managers. All the agencies we interviewed had offices in Barnet and ranged from small borough based ones to national and international organisations. Five of the agencies had a mixture of publicly funded and private clients, while one had solely private clients. A few home care service users had direct payments. Some agencies were non-profit making organisations and others were private businesses.

A wide range of services were offered including: **home help services** which can include a range of domestic activities such as help with housekeeping, shopping lists and food deliveries and pet care; **companionship services** that provide company and mental stimulation to the service user (including accompanying clients to lunch, appointments and planning outings), and **personal care services** which for example, help a client to eat, bathe and take their medication.

Home care agency	Service users	Services provided
Home Instead	<ul style="list-style-type: none"> Elderly clients including those with dementia Privately funded client groups 	<ul style="list-style-type: none"> Home help Companionship Personal care Dementia Care
Barnet Carers	<ul style="list-style-type: none"> All client groups Private & publicly funded client groups (approved provider of home care by Barnet Council) 	<ul style="list-style-type: none"> Personal care Day & night respite Companionship Home help
Sure Care	<ul style="list-style-type: none"> All client groups (complex needs and the elderly) Private & publicly funded client groups (approved provider of home care by Barnet Council) 	<ul style="list-style-type: none"> Home services (household tasks) Companionship Personal care Tailored service for those living with Dementia
Alina Homecare	<ul style="list-style-type: none"> All client groups Private & publicly funded client groups (strategic partner providing home care to Barnet Council) 	<ul style="list-style-type: none"> Companionship Personal care Home help Respite care Emergency care End of life care Live-in care Specialist care (disabilities and complex care needs)

Home care agency	Service users	Services provided
InTouch Home Care	<ul style="list-style-type: none"> • All client groups • Private & publicly funded client groups (approved provider of home care to Barnet Council) 	<ul style="list-style-type: none"> • Live in care • Daily care • Specialist care • Emergency care
Jewish Care	<ul style="list-style-type: none"> • All client groups from the Jewish community • Private & publicly funded client groups (not commissioned by Barnet council) 	<ul style="list-style-type: none"> • Companionship • Personal care • Home help • Respite care • Live in care • Risk assessments • Shopping service

The agencies all provided personal care and some also provided night time care and companionship. One agency provided palliative care and received approximately 60% of their clients from the NHS. Some agencies offered care for adults with mental ill health and people living with mild dementia.

The agencies provided home care to between 30 and 110 people, while the service users ranged in age from two and a half to 100 years old. Many of the current older service users had mild dementia.

The agencies varied in size employing between 20 to over 150 home carers, who ranged in age from 19 to 85 years. However, the majority of employees were women aged between 20 and 50.

Whilst four of the agencies provided 30 minute visits, one had a minimum of 45 minutes per visit and another a minimum of one hour per visit. One agency said they were *role* rather than *task* orientated and allowed home carers to stay longer per shift/visit to accommodate individual's needs if required.

4.2 Key findings from home care agency interviews

Table 1: Summary of key findings by the themes raised in the six home care agencies in Barnet (June –November 2017)

Recruitment and retention
<ul style="list-style-type: none"> • All the agencies reported that recruiting qualified or good-quality home carers was an ongoing challenge • Whilst some of the agencies recruit people who had some caring experience, they all reported that they look for people with good social skills and did not necessarily require previous qualifications • To tackle recruitment challenges agencies have tried different approaches including: one agency offers current carers a cash bonus (£500) for successfully recommending someone to the agency and another offers carers the chance to move into administrative roles within the company • Carers stayed in the job anything ranging from 6 months up to 30 years
Training
<ul style="list-style-type: none"> • Mandatory training is provided by all of the agencies interviewed and covers safeguarding, manual handling, infection control, medication management, and health and safety • Training for NVQ levels 2 & 3 is offered with the majority of the agencies using in-house trainers • Induction training usually lasts from 3-5 days varying by agency and the previous experience of the home carer • Additional training provided by some of the agencies included: lone worker, first aid, allergy awareness, end of life training and City & Guilds accredited training on dementia • One agency provided cultural awareness training, so their carers could understand and be able to respond to service users appropriately and offered help with written and spoken English to carers who needed it
Pay
<ul style="list-style-type: none"> • Pay varied by agency and sometimes depended on level of experience and time spent in the job <ul style="list-style-type: none"> ➢ Two of the agencies interviewed paid home carers the London living wage (£10.20 in April 2017) ➢ Other agencies paid less than the London living wage ➢ One agency paid £8.48/hour (increased when the home carers had NVQ level 2 to £9.41) ➢ Remaining agencies paid the minimum wage - £7.50 over age 25, or slightly more at £8.00-£8.50/hour (higher rate paid to those who stayed on for more than 6 months) ➢ One agency paid an additional £1 per hour for weekend work, and double time on statutory holidays • Travel costs varied by agency and were considered to be incorporated into the pay by all but one of the agencies which paid mileage at the rate of 50p per mile or for a TFL oyster card. Two of the agencies paid for travel time between visits and another paid for travel time if it was under 30 minutes. One agency paid for travel expenses and time, but at less than half their hourly rate

- **Meetings were not generally paid for** - two of the agencies paid carers to attend meetings, one agency paid home carers for their supervision meetings and none paid home carers to attend induction and internal meetings
- Two of the agencies paid home carers for attending external training

Hours worked

- Home carers worked a wide range of hours, from zero to 52 hours a week
- Agencies said they were aware that some carers wanted more hours than they currently worked
- Two of the agencies used **zero-hour contracts**; another said it is phasing out zero-hour contracts moving to a 16-hour per week basic contract. Three had **fixed hour contracts** with their staff

Matching home carers with service users

- All agencies said that **service users and home carers are matched** (based on individual preferences/cultural needs/ geographical basis)
- All agencies visited new service users to undertake a **risk assessment** and some service users want a personal introduction before a home carer begins work
- One agency stressed that all their home carers have the skills to work with all client groups and that they trained all the home carers to understand the cultural needs of their clients
- Sometimes agencies will refuse to take a client if they either do not have enough home carers or they do not feel they can sufficiently meet the person's needs. This may be due to medical need, challenging behaviour or because the agreed care package is not felt to be sufficient to adequately support the person needing care

Support to home carers

- All of the agencies had a **24-hour helpline available** for home carers to ring to discuss concerns and to alert a manager to an emergency if necessary
- All of the agencies required **new workers to shadow experienced workers** until they were confident in their role, this was offered at some agents up to as many visits as necessary at others
- **Agencies support their workers in different ways**, one agency ran a mentoring *Care Ambassador Scheme*, another used an online forum and regular phone calls and two agencies hold three monthly meetings with their home carers

Communication, supervision and monitoring

- The majority of the agencies held **regular supervision sessions** with the home carers and most emphasised that informal communication was also important (through drop-ins at the office)
- Three agencies provided carers with **work phones** for communication needs and to allow them to record updates and changes to clients' notes
- All but one of the agencies carried out **spot checks** on home carers

Feedback from service users

- All agencies said they **took complaints seriously** and asked service users for their views on the services they received (three out of five agencies carried out regular surveys)
- **Service users were reluctant to make complaints** despite efforts to reassure people that their comments would not affect the service they received

- The most common complaint was home carers arriving late due to public transport issues
- One agency highlighted the importance of sharing positive feedback with home carers

4.3 Challenges identified by home care agencies

The following **challenges** were identified by the home care managers that were interviewed in Barnet.

Recruitment of home carers

Overall there was a feeling that demand for home care is increasing and there are not enough suitable home carers available locally. Whilst having the right attitude and approach to caring is seen as more important than qualifications, the low pay and conditions means that it is not always easy to recruit based on these core competencies and qualifications. The level of pay does not recognise the skills required to do a good job, meaning that care work is, and home carers themselves are, undervalued. Only two of the agencies interviewed paid the London living wage and not all paid the home carers' travel costs. In addition, agencies highlighted the added cost of training home carers.

Five of the six agencies interviewed locally said that the low pay was a big issue in recruiting home carers, by making the job less desirable. As a result of low staffing levels, agencies were sometimes unable to meet the demand for new clients. The selection of quotes below highlight recruitment challenges home care managers face:

“Higher rates of pay - would get more people applying (to be a home carer).”

“(It is) difficult to hire suitable qualified carers. Sometimes we refuse service because we do not have capacity.”

“(We have) ongoing recruitment issues for qualified or good-quality carers. Carers with a background in dementia are difficult to find.”

“Sometimes we receive packages all to start at 8am, but we do not have enough carers, so we have to turn down some requests due to capacity.”

“Recruitment is a challenge, people have to drive around here, so finding the right people is the most challenging (finding people who want to and are compassionate and caring) we need people who are flexible and willing to adapt.”

Reducing council budgets

The majority of home care covered in this survey, is paid for by Barnet adult social care services none of which is provided directly by council staff. Due to rising demands and shrinking funding, the social care budget has been under pressure meaning there is less money to commission the range and volume of services to support people to live independently.

As a result, commissioning home care has meant that agencies are finding it difficult to consistently meet the council's specification. In addition, the amount of time a home carer has to carry out the tasks in the client's care plan was felt by some agencies to be insufficient. This can be seen in the quotes below:

"We receive 30-minute calls from the council to provide care, for example, for someone who is about to be discharged from hospital. We are supposed to provide person-centred care, but some social workers do not necessarily see this."

"The most important thing for them is that care is within budget, and then they ask for 30-minute call. Our carers usually stay for over 1.5 hours to make sure the client is safe, but we don't get paid for it because the council does not want to pay. For example, this patient was about to be discharged, and it was a 30-minute call from the council. The patient needed turning, and I emailed the social worker six times but no response. So, we raised a safeguarding alert for safety issues."

"It was verbally agreed with the social worker to pay for the extra hour/s, but then they changed their mind and did not want to pay for it. So, we did it for free."

Related to this, the tight time slots for visits to clients was seen to affect the quality of the care they received. Appointments are often scheduled so close together that sometimes care workers must either choose to cut one visit short or arrive late to their next one.

"Care workers are stretched and often struggle to keep to time."

"Barnet is a large borough – travel time is an issue."

"Travel time for carers between visits. Some areas in Barnet are not accessible."

“Most of our carers travel by bus, not drive, so travel time has to be factored in when assigning clients to them.”

Delivering person-centred care

All the agencies interviewed said they were committed to providing a quality service and ensuring that they provided a person-centred approach to care. This means that the focus is on the needs of the service user, rather than the service itself. One agency stressed that they tried ‘*maintaining business culture as ‘personal’*’.

Overall providing a person-centred approach to care was felt to be challenging as the specifications set out by the commissioners are so tight. Added to this, individual needs vary depending on their conditions. For example, clients with epilepsy, dementia or alcohol misuse require different carer skills.

Communication between agencies and other professionals

Three of the agencies interviewed highlighted that communication with health and social care staff can be a challenge. The quotes below show the communication challenges home care managers’ face:

“Delayed follow-up from health or social care professionals is a constant challenge, no quick response to home care reports of client’s urgent needs.....very hard to get hold of an occupational therapist, district nurse...etc. if a client needs any of them. It could be one week or two!”

“There is a lack of communication, sometimes, from the council. If they change a client’s type of care, for example, they change this client’s care to End of Life Care, and they did not tell us about it. I was quite annoyed. Because we work with this client very closely, but it tells you that the perception of the council that it is not important to inform the care agency about changes like this.”

4.4 Profile of the home carers who took part in the survey

A total of 46 home carers responded in full to the survey and their responses were included in the data analysis and in the findings (N.B. not everyone answered every single question). Response rates were high and ranged from 80 – 100% for the different questions.

The majority of carers (41%) were from Home Instead, followed by 30% from Barnet Carers, 9% from Jewish Care and 7% from Ark. The remaining ones were from North London Hospice, Caretech Community Services, Your Choice Barnet or had not provided this information. This meant that 80% of the home carers who took part were employed by three of the home care agencies we spoke to as part of this project. Of the 45 carers who provided information on

where they worked, over half (53%) worked across the whole of the Borough of Barnet, with others focused on particular areas such as Golders Green and Finchley.

Qualifications and experience

Home carers were asked about the qualifications and relevant experience they had when they started working as a home carer. Of the 44 home carers who answered this question, 17 home carers (39%) had neither relevant qualifications nor experience in health and social care and one of these had an unrelated degree ('Business studies'). Three (7%) home carers had no formal qualifications but did have personal experience caring for family members. Nine home carers, (20%) had NVQ levels 2 or 3 when they started with their current employer and a further 14 (32%) stated they had high level social care training or qualifications, including: two who were nurses, a social worker, a physiotherapist, a health visitor, and three with childcare qualifications. **Table 2** shows a detailed breakdown of the qualifications and experience carers had prior to starting work.

Table 2: Home carers' qualifications and experience when they started working (44 home carers)

Qualifications and experience when started work as a home carer	Number of home carers (44 responses)	
		%
NVQ 2	5	11
NVQ 3	3	7
NVQ 2 & 3	1	2
Health and social care training or diploma/degree	11	25
Childcare qualifications	3	7
Other degree	1	2
No qualifications (personal caring experience)	3	7
No qualifications or experience	16	36
Other	1	2

Length of time working as a home carer

Some home carers had been in the job as little as five months, with the majority (25 home carers, 55%) who had worked five or more years as a home carer (**Figure 1**). Amongst this group, one person had been working as a home carer for over 30 years with others working close to 20 years.

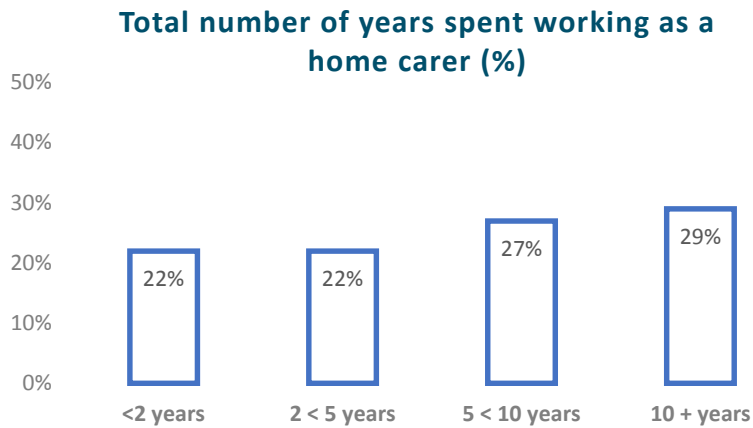


Figure 1: Graph showing total number of years spent working as a home carer (45 home carers)

The length of time home carers had been with their current agency was shorter: 17 home carers (39%) for less than two years, 11 (25%) who had been with them between two and five years and 9 (20%) between five and ten years. **Figure 2** indicates the number of years home carers had been with their current agency.

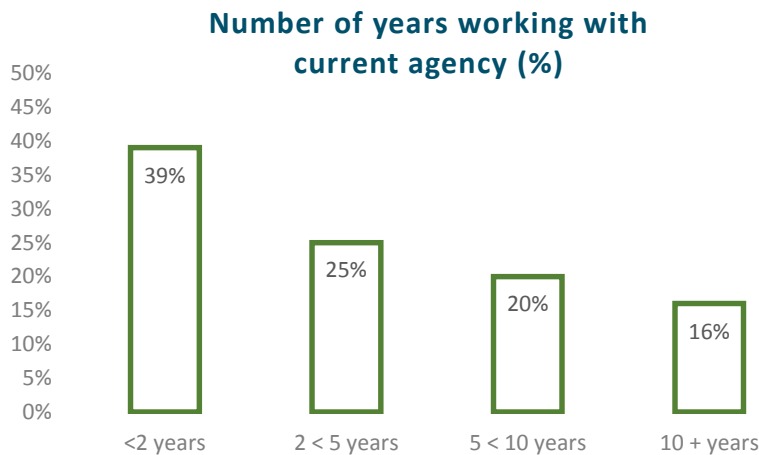


Figure 2: Number of years spent working with current home care agency (44 home carers)

4.5 Key findings from the home carers' survey

Employment conditions

41 of the 46 (89%) home carers who responded felt they were contacted often enough with *offers of work* and 40 (87%) said it was at times they were available. Similar proportions (87%) of the 39 carers who answered the question said they worked with their *preferred client group*. 33 carers provided information on who this group was, with 15 (45%) who said they

did not mind and worked with any client group, 8 (24%) who preferred to work with older people and the remaining 10 (30%) who worked with specific client groups including 'end of life care', those with 'dementia' and 'learning difficulties'.

Employment contracts and hours worked

Over half (59%) of the home carers surveyed were on zero-hour contracts with the remainder on regular fixed hours contracts. Home carers who were on a zero-hour contract were asked if they were happy with the frequency and number of hours of work they were offered from their agencies, with the majority (71%) who said they were.

Are you happy with the how often you work and the number of hours you receive? (%)

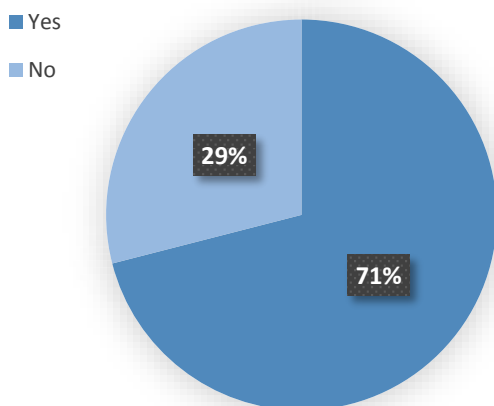


Figure 3: Pie chart showing the percentage of home carers who are happy with how often they work and the number of hours they receive?' (28 home carers)

Home carers expressed a range of views on whether their contracts suited them and explained why/why not. For example, zero-hour contracts were seen as convenient due their flexibility whereas having a fixed hour contract ensured more regular work. Different experiences were found as some carers worked more hours than they were contracted, with others who wanted more. A selection of home carers' views on their contracts can be found below:

"I would rather have contracted hours because there are days when I don't have enough work and struggle to pay bills."

"I have a 16-hour contract but work more."

“... [I] only work 20 hours a week. Said you could work overtime but the jobs are not available. If have cover work to do can work more than 20 hours. Also on Saturday and Sunday you get the same rates of pay.”

“In fixed term [contract], there’s more money but I like the flexibility of zero hours – I have small children.”

“Would like more regular work.”

“I am offered work, but it's either out of my area or not the time I'm willing to work.”

“Usually hours are fine but can drop drastically if clients are hospitalised or go into care.”

“Was zero - hour. Changed so I can get holiday pay and sick pay.”

Home carers were asked about the number of hours they worked each week. Carers worked a range of hours each week, with some who were happy with the number of hours of work they received and others who clearly wanted more. Working ‘16 – 20’ or ‘35+’ hours a week were the most common regular work hours (24% and 22%, respectively).

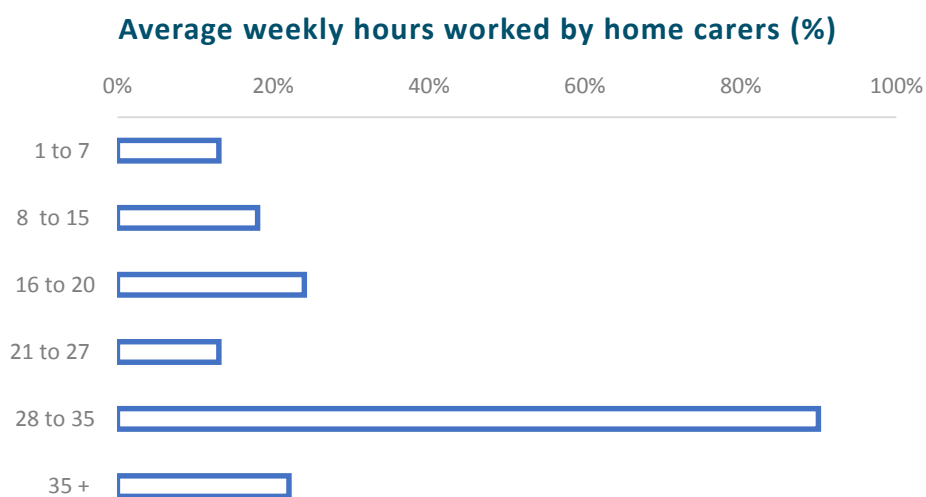


Figure 4: Graph showing average weekly hours worked by the home carers (45 home carers)

The quotes below highlight the variability and flexibility in working hours for home carers:

“Could do more if clients are local to me.”

“30 hours - sometimes asked to do more. If you are asked you do more because you are part of a team and I am able to help.”

“I would be happy to do more if they have more hours.”

“Even though I am up to 20 hours, if a client cancels then I am down to 12 hours sometimes. I can’t guarantee getting 20 hours though I would like to.”

“I am an older carer - do not want a full-time job.”

“I work 16 - 24 hours, 5-day week, very variable. Company tries to give me one day off a week.”

“Do more if/when I choose to as I am zero contract.”

Sticking to rotas

Keeping to the planned work rota was a challenge for many of the home carers, while 27 (58%) felt they were able to most of the time, 18 (39%) felt that their rotas were *sometimes* achievable and only one (2%) who felt that they were *never* able to stick to the times allocated for the visits (**Figure 5**). The main reasons keeping to rotas was difficult were around travel time between visits, due to both traffic and the distance between clients’ homes.

Is your rota achievable? (%)

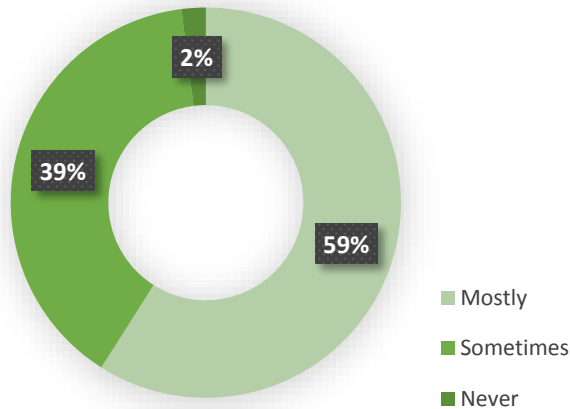


Figure 5: Pie chart showing how achievable rotas are (46 home carers)

“Sometimes travelling from one job to another can take more than an hour (due to Traffic) and I have to take 4 busses between one job and another. So, it isn't always achievable.”

“Sometimes the finish time and start time are the same.”

“Sometimes you can't help it and you run late with traffic and road works etc. but we inform the office and they call the client.”

Receiving pay on time

43 carers (96%) received their wage slip on time and all 39 carers who answered the question said they received the holiday pay they were entitled to. Of the 39 carers who answered the question, 36 (92%) received their time sheets regularly. From additional comments, it was clear that for a number of carers this was because their agency used mobile phones and apps for timesheets. Of the three who did not receive them on time, carers explained this was because they were on zero-hour contracts or they had to go into the office to collect the timesheets. 20 carers (44%) had contacted their employer in the past with a wage/payment query, and all but one of these had been dealt with quickly³.

³ We did not ask about the nature of the query, as it was more important to find out if queries about pay were dealt with quickly.

Relationship between home carers and their employers

Almost all the home carers (96%) felt that the office staff in the agencies they worked for were kind, helpful and supportive. There was only one extremely negative response from a home carer about the office staff who said that as a carer they *“feel forced to do work. [Staff] pressurise you if you are ill.”*

As a result, 80% of home carers felt valued by their employer, while five carers (11%) did not and four (9%) were unsure (**Figure 6**).

Do you feel valued by your employer?

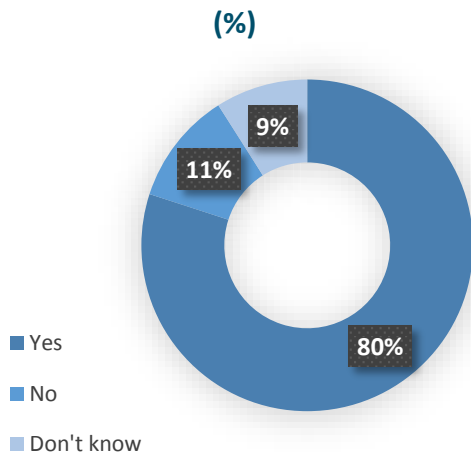


Figure 6: Pie chart showing the percentage of home carers who feel valued by their employer (46 home carers) of the carer's views on feeling valued can be seen below. Overall it is clear that home carers do not always feel their work is valued and feel that they could receive greater recognition from their employers for the work they do. Responses from carers who feel undervalued can be seen below:

“Sometimes you give so much and when you do feel unwell/call in sick you don't get a response you like.”

“[They] don't listen. Reach a dead end. Feel there is more they could do.”

“Some value, but not enough.”

“Not at the moment I don't at all.”

Training

All of the 46 home carers had knowledge of the training on offer by their employers and all had been able to access some training. A wide variety of training was provided by the agencies and all 46 carers reported that taking part in the training made them feel more confident in their job. **Figure 7** shows the proportion of carers who accessed each type of training and shows all carers had taken part in safeguarding adults and most had received a wide range of training.

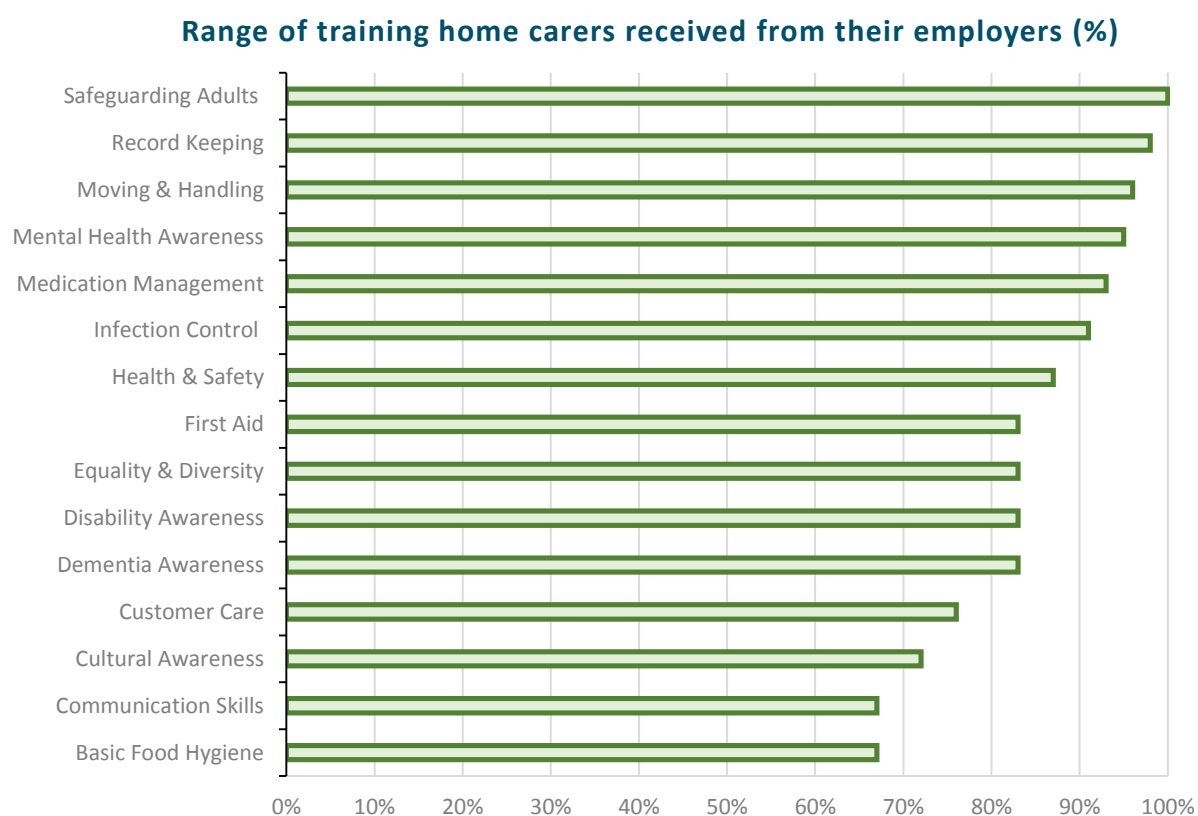


Figure 7: Graph showing the proportion of carers who accessed the different training sessions provided by their employers (46 home carers)

The training that each agency provided was delivered in several different ways. All 45 carers who answered the question said training took place in the classroom environment (100%). In addition to this 21 (47%) had received training through shadowing a member of staff and 10 (22%) through e-learning. Some carers had received additional training in fire safety and the Jewish way of life. This reflects the methods required to develop the different skills needed to be a home carer.

Home carers were asked if there was any further training they currently needed, of the 40 who answered 10 (25%) said 'yes'. Responses included: NVQ 2 & 3; mental health, drug and alcohol abuse; current CQC legislation; infection control; culture, disability and dementia awareness. Seven carers specified they received all the training they needed.

Shadowing, support and supervision

42 (91%) home carers had been given the opportunity to shadow an experienced home carer at the start of their employment. The length of time spent shadowing varied from a few hours up to a week.

35 (83%) home carers were *satisfied* or *very satisfied* with the level of support and supervision they received from their main employer, four (10%) said they felt neither satisfied or dissatisfied and only two carers (5%) were *very dissatisfied* with the support they received. Four carers gave reasons for why they were not satisfied, explaining the challenges around how their jobs were organised and difficulties in accessing support at the weekend:

“Not understanding and professional. They would not give realistic timelines and were not very friendly.”

“Weekend assistance is more difficult.”

“Not happy with the way they organise the job. Someone called in the afternoon recently (2pm) for me to cover a 1 hour job in x (far away!). By the time I get there I am tired/stressed, and I ask them: how can I help the client? Not adequate travel time. They call you and slam jobs on you. Jobs are not always in the same area.”

Home care visits

Preferred client group

Of the 39 carers who responded, 34 (87%) said they always worked with their preferred client group. 33 carers gave details of their preferred client, with 15 (45%) who said they did not mind which client group they worked with and 12 (36%) who preferred working with older people and people living with dementia.

Information prior to first visit to client

Most of the 43 home carers who answered the question said they felt they were given enough information about service users' needs prior to visiting for the first time (39 carers, 91%). The following comments show that carers generally feel they are given adequate information before their first home care visits:

“If we are being signed up with a new client then we will pay a visit to the client's house with a member of the staff and meet the family and discuss the care plan. But if we are being given an existing client then we will first go

and shadow the existing carer who is looking after this client and learn all we need to about the client through the current carer before we start ourselves.”

“Basic info is given and then when we get to their house we read their case file.”

“Usually, if I feel I need more details than I call the office.”

Worryingly, four carers said they were not given enough details before their first visit and five additional comments highlighted that information was sometimes lacking:

“Mostly, but there have been times when details have not been enough.”

“As you get to know them understand exactly what is needed and read the folder. Could do with more information at beginning.”

“Read care plan in full when get there. If covering for first time will only have the address and no information about the client’s need.”

“Kind of, we are given the name and address and are told we will find their care plan at their residence.”

“Not always.”

Travel information

Over three quarters (78%) of the 45 carers who answered the question, felt they were given enough travel information about how to get to clients’ homes. Some were given parking information and others bus routes and several home carers mentioned that they used their smart phones to help them. Ten home carers were not given enough details or were only given an address, and felt it was up to them to find out about the best route to get to where they needed to go.

Carers' experiences of visits

Home carers were asked if they felt their visits made a difference to the service users they supported, all but one of the 44 who answered said 'yes' with one home carer feeling that they found the visits difficult at times. For many home carers, this was because they were providing invaluable support and companionship to their clients and comments included:

"Most definitely make a difference. Sometimes I am the only interaction they will have all day."

"My client only sees her family once a week. I am the only one she sees and she needs the company. Can be frustrating though, especially to get clients a day out through social services. It depends on the individual client."

"If it weren't for us they wouldn't see anybody."

"Yeah, they always ask 'when are you going to come back?'"

"Deliver service beyond what I am required to. I try my best to do what I can do. [Arrange] what food they prefer, home cooked etc. (especially if I am going to see them in the morning)."

4.6 Home carers' feedback and suggestions for improvements

What is working well

Home carers were asked to list three things that are working well with their current employer. 40 home carers replied to this question; overall support from the office and training were mentioned most frequently as things that worked well. This can be seen in comments *"they support you whether through spot checks or by being at the other end of the phone"* and *"My employer helps me do the best I can in my job by giving me support via talking or practical problem solving"*. Training was also a popular reason provided *"The training provided here is very good"* and *"Training is good"*.

What areas are working well?	Number of responses where this was included
Support from office	34
Training	16
Communication	9
Pay	9
Hours/amount of work	8
Feel valued by employer	4
Matching with clients	3
Teamwork	2
IT – phone app	2
Other	3

‘Other’ areas that worked well were the flexibility they were given (especially for carers who had young children) and getting additional opportunities, such as being invited to health and social care related talks and events.

Improvements home carers would like to see

40 carers also provided a range of suggestions when asked to list three improvements they would like to see to their job. The majority of improvements related to travel costs and pay.

What areas could be improved?	Number of responses where this was included
Travel cost/time to be paid	13
Increased pay	11
Rotas (more time with service users and travel needed)	10
Allocation of work	5
Hours of work	5
Valued more	4
Support from the office	4
Improved IT	2
Training	3
Other	6

‘Other’ improvements included more social events for carers, being able to tell agencies about personal health conditions that affected their work and recruiting more staff so they do not have to cover shifts. Many of the home carers felt that their pay was too low. The most frequently mentioned improvement was the request for home carers to be paid for travel time and costs. This reflected the fact that 28 carers (62%) said they did not get paid for travel time between visits. Comments included:

“We wish we can be paid for travel.”

“It would be great to be paid for transport. Really really great.”

“No payment travelling. That’s the only downfall on this job, there’s a lot of hanging around in the middle where there’s an hour/90/30 minutes gap. Going to a cafe costs, travel + for drink all out of your salary.”

“It would be nice to be paid for travel (we don't get paid for travel when we are on a 16-hour contract, whereas we do when we are zero-hour contract).”

“Only get paid for 15 minutes of travel.”

“Paid £3 per hour for travel- not enough. I don’t take the tube even when I travel because I find it too pricey. We are paid a flat rate for travel which is not even close to enough.”

Better pay was mentioned many times and some home carers went into more detail on this issue:

“Better wages. The minimum pay we get is just not enough or fair for the amount of hard work and dedication it requires. How can they justify paying minimum wage?”

“Sometimes we are called to cover some other colleague who couldn't make it to their patient. In cases like these I feel we should be paid a slightly higher rate or at least get paid for travel time or something as we are willing to cover someone else's shift last minute and it involved taking many busses.”

Additional suggestions to improve home care

Finally, home carers were given the opportunity to give further feedback and suggestions about home care, to which 31 answered. Notably many of the issues raised in previous sections were reiterated.

Further feedback/suggestions	Number
Agency relationship with home carers	9
No further suggestions	8
Service users and families need more support	7
Pay for travel time	7
Attributes for home carers	2
Other	7

Nine home carers commented on the need for an improved relationship between employers and home carers.

“Agencies need to listen to carers more. If I am lucky enough to finish 10 minutes early one day, the agencies then try to cut down what is meant to be 1 hour to 50 minutes. This is not good because I only ever finish early if the client is particularly good. Many times, I finish over the time, not under.”

“More consideration should be given to us when assigning jobs. If I only have 12 - 16 hours to do in a week, it would be more productive for me to do it in two days than 4 short days. But I am not offered that flexibility any more. The commute I have to do is very long too and to do that for a few hours job isn’t productive.”

Of the eight home carers who said they had no further suggestions, four specifically said they were happy with their job.

Seven home carers felt strongly that service users and their families need more support. Their suggestions included:

“Carers and their family members need more support, there should be more services for people to access.”

“Transport for clients/the elderly is a big problem and there should be more support.”

“The healthcare system should provide more support to family members. From simple thing of how to access home care to other stuff.”

Yet again, the issue of pay for travel time was raised.

“Not long distance between calls. Pay for travel time. Sufficient time between clients - usually only 15 minutes not enough to travel e.g. Barnet to Cricklewood.”

“Travelling allowance and weekend enhancement (get paid more at weekend). Things might improve if pay is 1 and 1/4 for Saturday and 1 and 1/2 for Sunday.”

“Travel time needs to be paid for as it can be an added financial strain for the carer.”

5. Conclusions

5.1 What's working well about home care locally

Below is a summary of what is working well for home care locally, based on interviews with home care agencies and with home carers in the Borough of Barnet.

Offers of work

- 89% of home carers who responded felt they were contacted often enough with offers of work and 87% always worked with their preferred client.
- 71% of home carers on zero-hour contracts were happy with the frequency and number of hours of work they were offered.

Supervision

- Four of the six agencies we spoke to explicitly said they had regular supervision in place.
- 83% of home carers were satisfied or very satisfied with the level of support and supervision they received from their employer.

Support for home carers

- 96% of home carers felt that the office staff in the agencies they worked for were kind, helpful and supportive.
- All of the agencies had a 24-hour helpline available for home carers to ring to discuss concerns and to alert a manager to an emergency if necessary.
- 91% of home carers surveyed felt that they were given enough information about service users' needs prior to visiting for the first time.

Training

- Training is *always* provided as none of the agencies require qualifications before recruiting.
- A wide variety of training is available, through different formats (classroom, e-learning, shadowing).
- All home carers who responded reported that their training made them feel more confident in their job.
- All of the six agencies interviewed said they required new workers to shadow experienced workers until they were confident in their role.
- 91% of home carers said they had shadowed an experienced home carer at the start of their employment.

Getting paid on time

- 96% of home carers received their wage slip on time and all had received the holiday pay they were entitled to.
- 92% received their time sheets regularly, with many agencies using a phone for easy access to these.

Quality checks & service user feedback

- All but one of the six agencies carried out spot checks on home carers.

- All agencies ask service users for their views on the home care they receive.

5.2 What needs to improve about home care locally

Below is a summary of what needs to change to ensure improvements in home care across the Borough of Barnet, based on findings from the interviews with home care managers and home care workers.

Recruitment

- All the agencies reported ongoing recruitment issues for experienced or good-quality home carers.
- Demand for home care is increasing and there are not enough suitable home carers available locally.

Pay

- Five of the six agencies interviewed said that the low pay was a big issue in recruiting and retaining home carers.
- Many home carers felt that their pay was too low.
- 62% of home carers reported they did not get paid for travel time between visits.
- The most frequently requested improvement by home carers was to be paid for travel time and costs.

Recognising the importance of the work undertaken by home carers

- The agencies acknowledged that the level of home carers' pay does not recognise the skills required to do a good job.
- 20% of home carers said they felt they were not valued or were unsure if they were valued.

Quality of care

- Providing a person-centred approach to care was felt to be challenge for home care agencies, as the specifications set out by the commissioners are so tight.
- Tight time slots for visits to clients where appointments are scheduled so close together meant that sometimes care workers must either choose to cut one visit short or arrive late to the next one.

Continuity of care

- Agencies reported that maintaining continuity and providing quality care was sometimes difficult.

Joint working

- Half of the agencies interviewed highlighted poor coordination between NHS and social care professionals as a challenge.

Making a complaint

- Agencies noted that service users are reluctant to make complaints despite efforts to reassure them that it would not affect the service they receive.
- There was a lack of awareness among service users about how to make a complaint.

6. Recommendations

The recommendations below cover the key improvements identified in this report. They are presented alongside the relevant NICE guidelines (2015) and LGIU (2014) recommendations to demonstrate that the issues are not specific to Barnet and have also been recognised in other parts of the country. In summary, our findings echo those of Healthwatch Dorset (2015) which reported that: *“Services need a high quality and stable workforce, rewarded and recognised appropriately for the essential and, at times, demanding work that they do.”*

6.1 Recruiting home carers

It is widely recognised that there is a country-wide issue with recruiting all kinds of care workers (including home carers) and that this is a particular issue in London (LGIU, 2014). The low pay and low status currently placed on care are seen as barriers to recruitment. **In Barnet, all the agencies we spoke to reported ongoing recruitment issues for qualified or good-quality home carers**, and some home carers themselves mentioned feeling stretched. Relevant NICE guidelines: 1.7.9 Develop workforce plans for the home care sector, in collaboration with provider organisations, identifying current and future workforce needs. Include training and how such needs might be met by prioritising available local authority resources in the plans.

Healthwatch Barnet Recommendations

1. Commissioners to carry out a needs assessment to identify future local demand for home care and develop a workforce plan to meet the need.
2. Commissioners and providers to jointly run a publicity campaign to actively promote home care as a positive career choice.
3. Home care agencies to continue to use a variety of recruitment methods including online, print advertising and word of mouth.

6.2 Fairer commissioning

Five of the six home care agencies interviewed locally said that the **low pay** was a big issue in **recruiting and retaining** home carers. As result, sometimes agencies are unable to take on new clients. It was felt that if agencies were able to pay a higher hourly rate to home carers, they were more likely to be able to recruit good quality workers and ensure long-term commitment from them.

Home carers also frequently mentioned **better pay and to be paid for travel time and costs** as issues. To enable home care agencies to pay home carers for the time spent travelling to and with the client, commissioners need to note that these concerns were also recognised by the LGIU as crucial to improving the commissioning of home care.

Relevant LGIU Recommendations:

Minimum payments for contact hours: councils should ensure that they are paying a sufficient rate for contact hours which ensures that providers can pay care workers at least the minimum wage. This is likely to be in line with the United Kingdom Home Care Association's minimum recommended payment of £15.74 an hour (and assumes 19% travel time per hour) for minimum wage compliance. Councils should consider requiring Health and Wellbeing Board sign-off for any commissioning process that goes below the recommended rate and should be transparent in their methods of pricing.

A living wage for care workers: if we are truly to value our care workers they should receive a living wage. The UK Home Care Association calculates the hourly rate for the purposes of commissioning as £18.59 for compliance with the living wage and £21.33 for compliance with the London living wage.

Healthwatch Barnet Recommendations

4. Commissioners to calculate an allowance for travel costs and travel time and include it in their contact specification.
5. Home care agencies to ensure rotas allow enough travel time and time to complete each visit.
6. Commissioners to review all contracts to include a costed specification to pay home carers a realistic minimum wage, for home carers living in London.

6.3 Valuing the work of home carers

Home care locally is characterised by low pay with high proportion of zero-hour contracts. Although 80% of home carers mentioned they felt valued individually by their employer, the agencies acknowledged that the level of home carers' **pay does not recognise the skills** required to do a good job. This **feeling of not being truly valued** was echoed in the home carers' survey. Affording home carers greater recognition of their work in enabling people to live as independently as possible in their own homes is crucial. Efforts need to be made to share good news stories to counter media focus on the negative aspects of home care. Related to this, the LGIU has recommended that care workers are given key worker status, for those employed directly by the public sector and other care workers.

Healthwatch Barnet Recommendations

7. Commissioners and providers to work together to create a culture which recognises the valuable role home carers play locally.

6.4 Ensuring quality care

Home carers in Barnet frequently highlighted the need for **creating flexibility for them to deliver the care needed**. Being responsive to service users' needs is an important part of delivering high quality person centred care, yet many felt that their time with service users was limited and did not take account of service users 'good days and bad days'. Several home carers mentioned that they would like to be able to spend more time with clients some of whom had no one else to talk to. Service users who were dissatisfied with the care they received did not always know how to **make a complaint** or feel able to.

Relevant NICE guidelines:

1.4.1 Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments. They should ensure that workers have time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses services.

(This is aligned with the [Care Act 2014](#), which requires commissioners to pay due regard to all costs associated with delivering care and support.)

1.4.3 Consider contracting and monitoring in a way that allows services to be delivered flexibly to ensure the person can identify what is a priority for them. This might include, for example, allowing provider organisations (with the person's agreement or at their request) to use time flexibly.

1.4.4 Ensure home care visits are long enough for home care workers to complete their work without compromising the quality of their work or the dignity of the person, including scheduling sufficient travel time between visits. Take into account that people with cognitive impairments, communication difficulties or sensory loss may need workers to spend more time with them to give them the support they need. Some may need workers to spend more time helping them eat and drink.

1.4.5 Ensure there is a complaints procedure in place. Tell people about how they can make a complaint either in writing or in person.

Healthwatch Barnet Recommendations

8. Commissioners to consider moving towards more outcomes based home care commissioning, as opposed to timed and specified activity models.
9. Home care agencies to promote complaints and feedback procedures and consider other methods of gathering feedback, while reassuring service users that making a complaint will not affect their care.

6.5 Ensuring continuity of care

Whilst recognising that it is not always possible for a client to have the same home carer, the service user and agency surveys both identified **the need to have people who have knowledge of the service users' needs carrying out care tasks**. A crucial way to improve the care given is for there, as far as possible, to be continuity of home carer. This is especially the case where the service user has dementia or mental health issues.

Relevant NICE guidelines:

1.1.4 Prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with them.

1.4.7 Ensure continuity of care so that the person knows the home care workers and the workers are familiar with how that person likes support to be given, and can readily identify and respond to risks or concerns.

Healthwatch Barnet Recommendations

10. Home care agencies to increase the number of home carers who have a regular back up team of carers who are familiar with their needs.

6.6 Improving joint working

Three of the agencies interviewed highlighted poor coordination between NHS and social care professionals as a challenge. There is a need for professionals to work more closely with home care agencies to ensure that the service users' needs are at the centre of the care being provided. Through closer working across health and social care trust can be built to allow home carers to meet service users' needs in the most suitable way possible.

Relevant NICE guidelines:

1.3.7 Ensure integrated care and support is delivered to the person through a coordinated group of workers (where care involves more than one practitioner). The composition of this group should reflect the person's needs and circumstances, and should recognise the expertise, knowledge and commitment of all members.

1.5.3 Ensure health and social care practitioners working in primary and secondary care liaise with home care workers to provide integrated, person-centred support.

Healthwatch Barnet Recommendations

7. Commissioners to regularly consult home care agencies and home carers when reviewing care packages, to ensure that recommendations are based on an understanding of current situations and are feasible on the ground.

References

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National Institute of Clinical Excellence - NICE Guideline (2015), [Home care: delivering personal care and practical support to older people living in their own homes](#) [NG21], 17 September

Appendices

Appendix A: Interview schedule for home care agencies

Background Information

- How many staff do you employ?
- What geographical areas do you cover?
- How many service users do you support?
- When were you established?

Pay

- How often do you make payment to your workers?
- What pay structure do you use? (Eg weekend enhancements)
- If a worker has a query with their pay, who do they contact to resolve the issue?

Travel

- Do you reimburse your workers for their travel time? If yes, how much?
- What is the travel time between assignments (users' homes)? What do your workers think of that?
- What travel detail do you provide to your workers? (eg user's address, contact details etc.)

Preferred service user group/ Schedule and availability

- How are workers assigned to different groups of service users?
- What are the issues around scheduling visits and availability of workers?

Employment length

- How long, on average, do your workers stay in employment with your agency?

Development and training

- What qualifications and skills do your staff have before they start their job at the agency?
- What training is available for workers from your agency? (Eg is it internal or external training?)
- Are workers paid for training days/sessions?

Communication

- If there is any change to the worker's schedule, who would usually inform them of this change? (Eg change to schedule, pay, service user etc.)
- How are work/shifts recorded? How often are they checked?
- What do you think of this monitoring method?
- If a service user made a complaint to you, what do you do? (Eg recording, discussing with worker etc.?)
- How often do you check with a service user if they are satisfied with the service? How do you check?

- How often do you check with a worker if they are satisfied with the service? How do you check?

Support and supervision

- What support is available for workers to help in their role?
- Do workers have a support plan for service users?
- Do workers have a risk assessment for service users?
- How useful is the support plan, or risk assessment for workers? Do they have access to them?
- How are workers encouraged to report to you about any needs or issues related to their work?
- Is there an on-call coordinator to support workers? What is their role?
- Is there an out-of-hour phone line? When is it used? How often is it used?
- On what occasion do workers usually contact the staff at the head office/management? Please give an example

Challenges

- What is the most difficult aspect of your job?
- Have you declined to work as an agency? If yes, why?

Policies and procedures

- What are the main policies and procedures workers should know about in their work?
- Do they have a copy of them?
- If workers need information or advice, what they should refer to (Eg: agency's website, service manager, head office)?

Appendix B: Questionnaire for home carers

Home Care in Barnet (Care Workers)

Home Care Survey in Barnet

Supporting people at their home is a unique experience.

Healthwatch Barnet wants to find out about the experiences of care givers who provide homecare in Barnet. It does not matter whether you support one service user or many, and whether you work for one home care agency or many. We are interested in all experiences. We do not just want to hear about the things that you may have been disappointed or dissatisfied by, but we also want to hear the great experiences about your role, training, and what you value the most about your job

Your opinions count and the experiences that we gather will be used to both recognise where things are going right and to improve things for the future. This questionnaire will take approximately 10 minutes.

Thank you for your participation

Home Care in Barnet (Care Workers)

1. Are you a paid home care worker?

- Yes
 No

Any other comment

Home Care in Barnet (Care Workers)

General

2. How long have you been a homecare worker?

3. List the name of any company/agency that currently you work for? If you work for more than one, please list all agencies

4. Are you contacted often enough with offers of work?

- Yes
 No

5. Are you offered work at the times you are available?

- Yes
 No

6. Do you always work with your preferred client group? (eg to work in mental health, learning disabilities, older people...etc)

- Yes
 No

Please let us know what client group you like to support?

7. Are you given enough details of the service user/assignments offered?

- Yes
 No

Other (please specify)

8. Are you given enough travel details?

- Yes
 No

Other (please specify)

9. How long have you worked with the company/agency?

10. Which location do you mainly work in?:

11. Are you on a zero-hour contract? or Fixed-term?

- Zero-hour contract
 Fixed-term contract (regular fixed hours)

Any other comment

12. How many hours do you regularly work in a week

- 1 - 7 hours
 8 - 15 hours
 16 - 20 hours
 21 - 27 hours
 28 - 35 hours
 35+ hours

Any other comment

13. If you are on a zero-hour contract, are you happy with how often you get work and the amount of hours you receive?

- Yes
 No

Any other comment

14. Do you think your rota is achievable? (i.e, you have enough time to travel between visits)

- Mostly
 Sometimes
 Never

Any other comment

Home Care in Barnet (Care Workers)

Management team

15. Are the office staff courteous and helpful?

- Yes
 No

Other (please specify)

16. Have you contacted the on – call coordinator?

- Yes
 No

17. Do the staff respond quickly if you phone out of hours?

- Yes
 No

Training and Development

18. Do you feel valued by your employer? (or your main employer if you have many)

- Yes
- No
- Don't know

Any other comments

19. What qualifications and skills did you have when you first started this job?

20. Are you aware of the training the company/agency offers?

- Yes
- No

21. Have you been able to access training?

- Yes
- No

22. Is there any specific training you feel you need? Please specify below

- Yes
- No

Any further comment

23. How satisfied are you with the level of support and supervision you receive from your employer? (your main employer)

Very dissatisfied	Dissatisfied	Average	Satisfied	Very satisfied	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How satisfied are you with the level of support and supervision you receive from your employer? (your second employer if any)

Very dissatisfied	Dissatisfied	Average	Satisfied	Very satisfied	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. If you are not satisfied, please tell us why

26. What training have you received from your employer? Tick all that apply

- Basic food hygiene
- Communication skills
- Cultural awareness
- Customer care
- Dementia awareness
- Disability awareness
- Equality and diversity
- First aid
- Health and safety
- Infection control
- Medication management
- Mental health awareness
- Moving and handling
- Record keeping
- Safeguarding adults

Any other comment

27. How was your training delivered? Tick all that apply

- In a classroom environment
- E-learning
- Shadow another staff member

Any other comment

28. Did you feel more confident about your job, following the training?

- Yes
- No

If not, please tell us what would help you feel more confident

29. Did you have the opportunity to shadow/buddy up with more experienced staff before caring for people on your own?

- Yes
- No
- Don't remember

Any other comment

Home Care in Barnet (Care Workers)

Wages and payment

30. Have you contacted the office regarding a wage/payment query?

- Yes
- No

31. When you have contacted the office about a wage/payment query, was it dealt with quickly?

- Yes
- No

32. Do you receive your payslip on time?

- Yes
- No

33. Are you paid holiday pay on time?

- Yes
- No

34. Are you sent enough time sheets each week?

- Yes
- No

Any other comments

35. Do you get paid for the time it takes to travel between visits to service users?

- Yes
- No

Home Care in Barnet (Care Workers)

Further comments and feedback

36. Do you feel you are making a valuable difference to your service user/s?

- Yes
- Sometimes it feels difficult

Any further comments

37. List 3 things that are working well about your employer?

38. List 3 things you would like to improve in your job

39. Is there any other suggestion or feedback you would like to give to improve the homecare service?