



Independent survey on Carewatch domiciliary care provision in RBWM



Reasons for undertaking the survey

Healthwatch Windsor, Ascot and Maidenhead (WAM) is the local independent consumer champion of health and social care services. One of its functions is to collect feedback on local services. Since November 2017 Healthwatch WAM has been a part of the local authority's Care Governance Board. This board, which comprises senior local authority officers, Optalis staff and representation from the East Berkshire Clinical Commissioning Group, monitors the quality of the social care provision commissioned by the local authority. The board can enforce action on providers to improve quality, prevent further placements at underperforming providers and liaises with other agencies, such as the Care Quality Commission, to ensure social care provision is safe and effective. Healthwatch WAM brings independent evidence and a different insight into these discussions and decisions.

Recently any feedback received by Healthwatch WAM has not been specific about Carewatch but about domiciliary care in general; flexibility and length of time of care visits and communication – particularly to unpaid carers.

Concerns about Carewatch provision were raised at the Care Governance Board by the local authority/Optalis. Healthwatch WAM offered to undertake an independent survey of Carewatch clients and their unpaid carers (family etc.) to seek reassurance they were happy with their care and support.

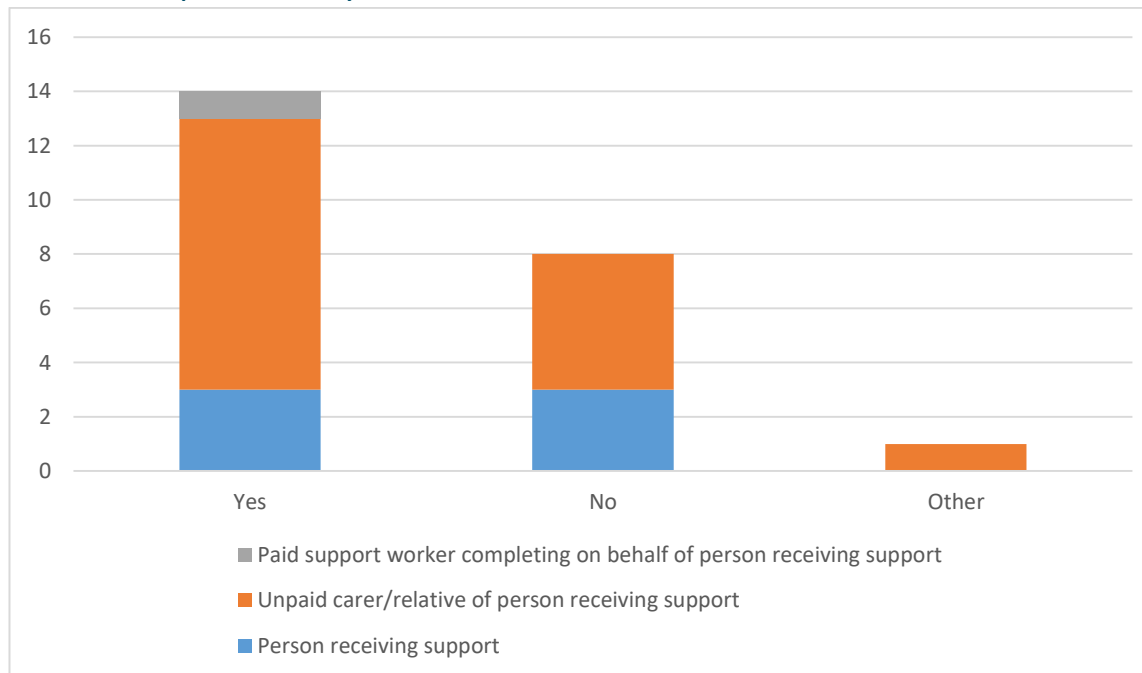
Due to data protection regulations, the local authority cannot identify or disclose personal information about clients of Carewatch directly to WAM. It was therefore agreed that the survey, a covering letter and a freepost return envelope would be sent out by Optalis.

Survey questions and answers

115 surveys were sent out; 25 surveys were returned. Of these two was not included in the results as one respondent identified their care provider as Kareplus and did not complete the survey and another stated they were now in a care home. One survey was sent out to someone who passed away in January 2018, but their relative completed and shared their experiences so were included.

The survey comprised of nine statements which respondents were asked to agree or disagree with, a box for additional comments about the care received and a question about who completed the survey. Below are details of the responses received.

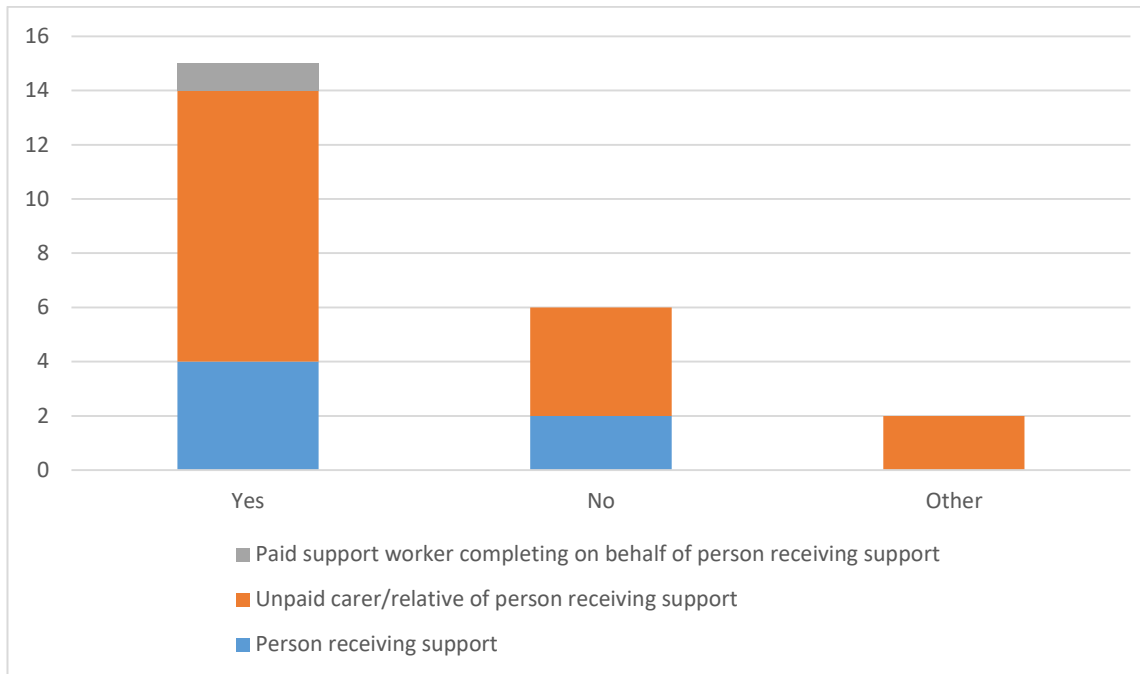
1) The care is provided by the same staff most of the time.



Breakdown of 'Other' answer(s)

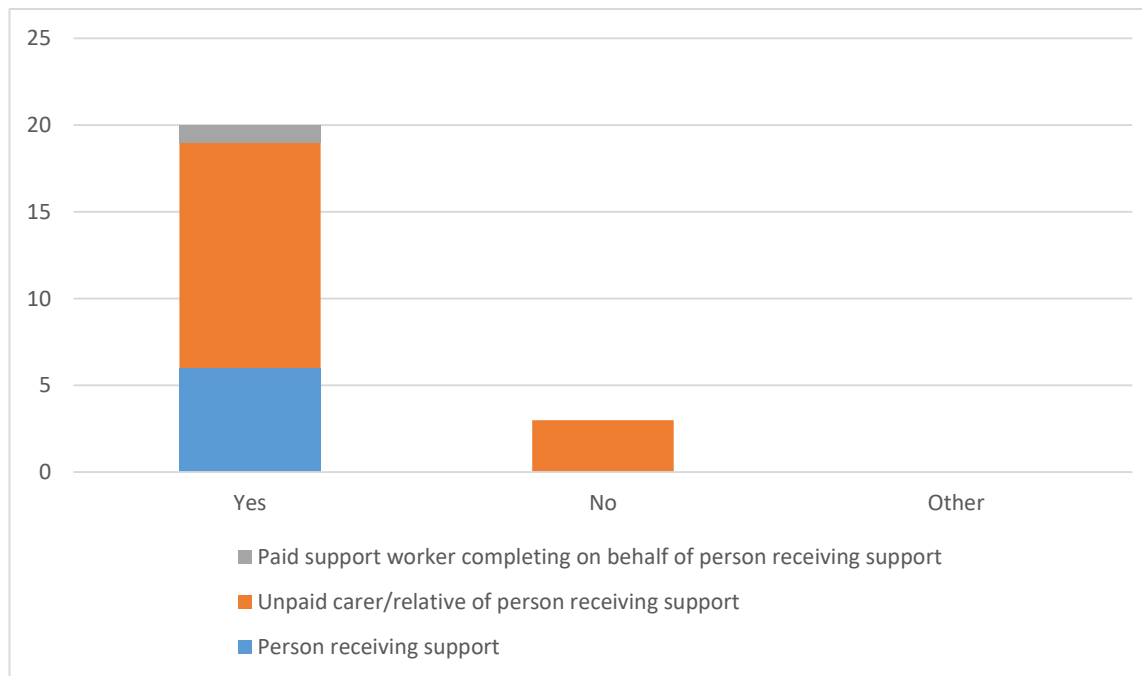
"No, except mornings" – unpaid carer/relative

2) The care staff understand my/the person's past and present health and support needs and treat me/them as an individual.

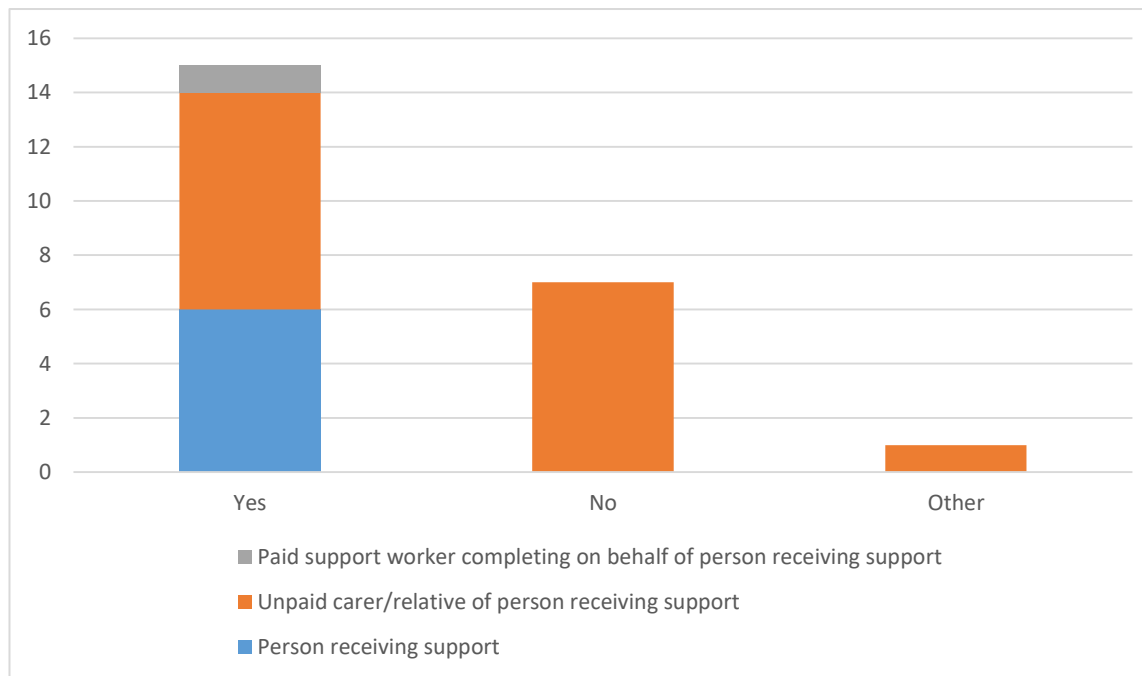


Breakdown of 'Other' answer(s)
"Yes to morning carers, no to the rest" – *unpaid carer/relative*
No answer given – *unpaid carer/relative*

3) I know who to contact if I/they need additional help and support for my/their health and wellbeing.

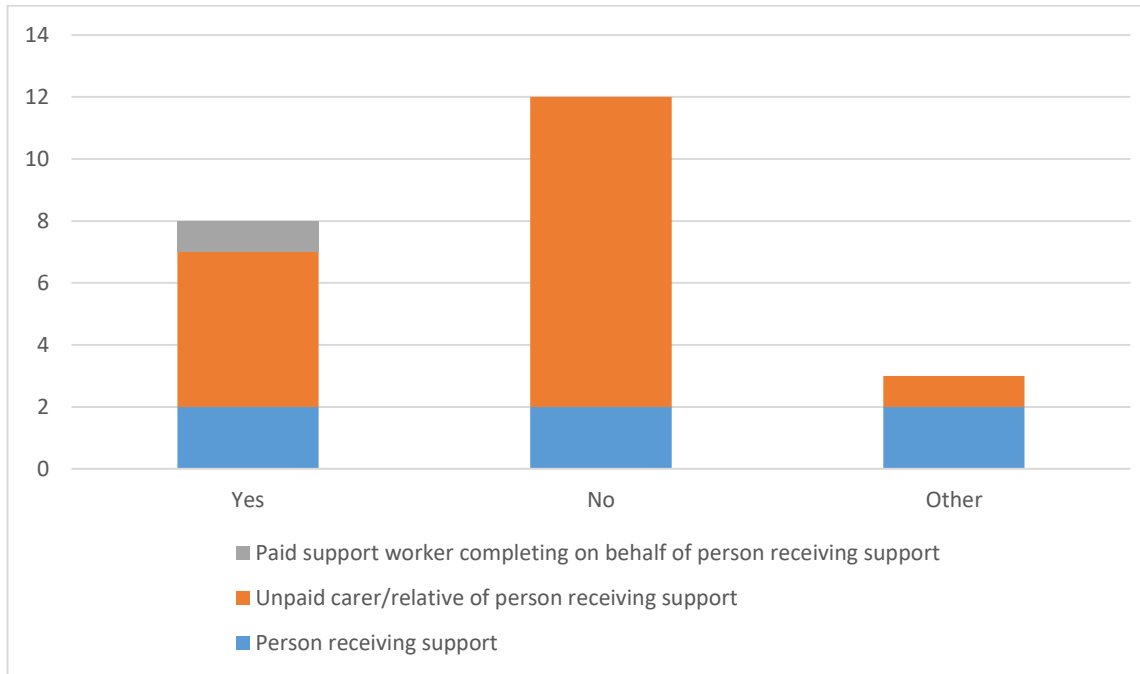


4) My unpaid carers and family members feel supported by my care team and know where to go to get independent support.



Breakdown of 'Other' answer(s)
"Took time to find out who to contact" – unpaid carer/relative

5) The care turns up at the requested time but is flexible if I/the person needs to change the time.



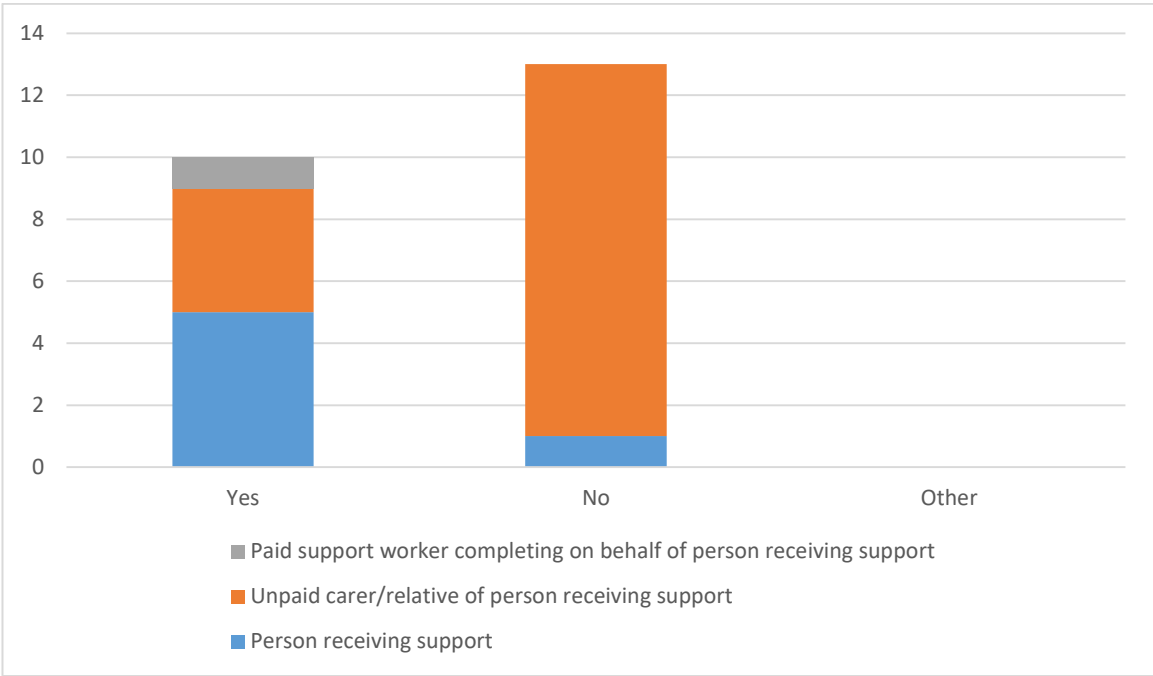
Breakdown of 'Other' answer(s)

"Sometimes" – person receiving support

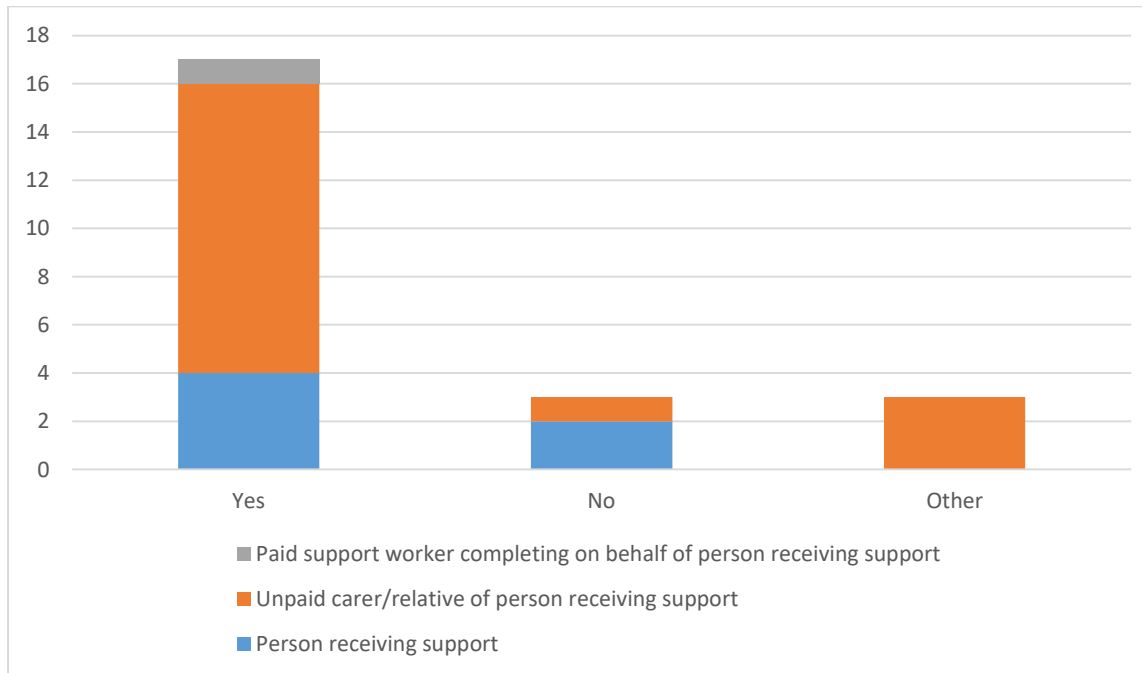
"Very flexible!!" – person receiving support

"Sometimes, usually late due to no allowance for travelling time" – unpaid carer/relative

6) I am happy with the way my care company communicates with me/the person and other people who may support me/them.

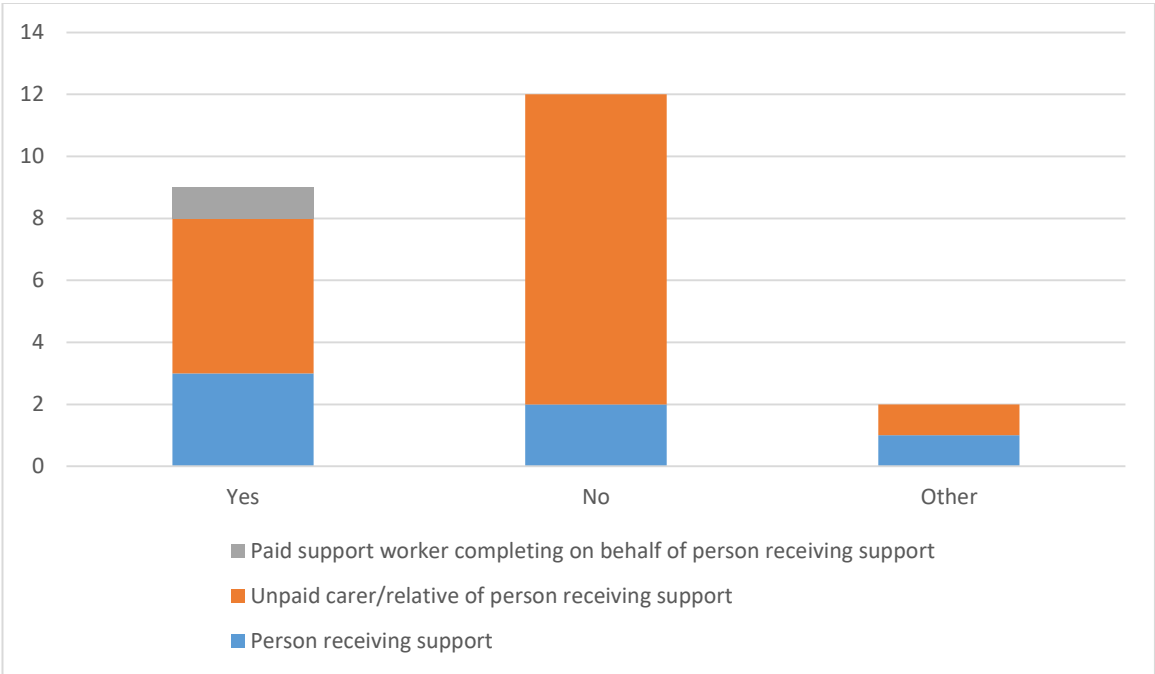


7) There is a copy of the care plan for me/the person in the home.



Breakdown of 'Other' answer(s)
"Not to my knowledge" – *unpaid carer/relative*
"?" – *unpaid carer/relative*
"I don't know – I can't see" – *unpaid carer/relative*

8) Overall I am happy with the company that currently provides my/the person's support.

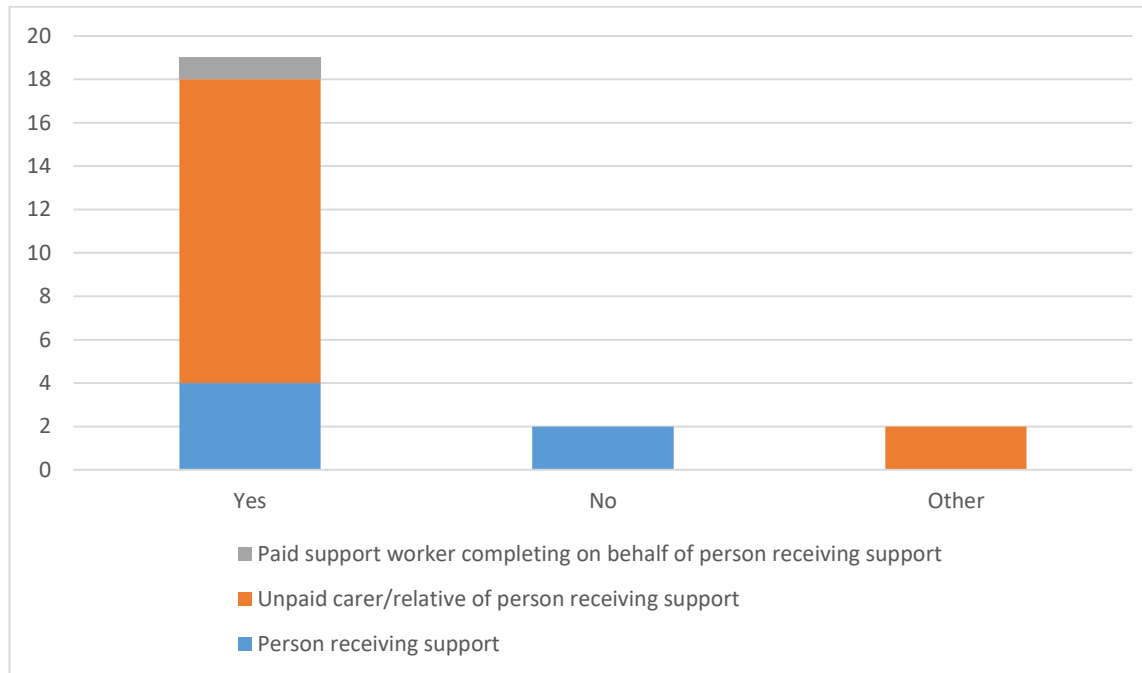


Breakdown of 'Other' answer(s)

No answer given – *person receiving support*

“With morning staff only” – *unpaid carer/relative*

9) I know who to contact if I/we have a concern, complaint or compliment to make.



Breakdown of 'Other' answer(s)
"Sort of" – *unpaid carer/relative*
"I have often complained to the coordinators but without success" – *unpaid carer/relative*

People were also provided with space to provide additional comments:

We have yet to have the care needed as they don't do the times that we need so we struggle on our own – *unpaid carer/relative*

Head Office tends to decide on different times for visits – *unpaid carer/relative*

Have made a complaint. JM, Social Care Manager, RBWM has been exceptionally good in trying to assist – *unpaid carer/relative*

On at least 3 occasions my mother's medication has been missed, nobody turned up for an evening call, contacted Carewatch on several occasions and never had response. Also the carers don't spend the allocated time with my mother – *unpaid carer/relative*

One carer gave my mother a pudding that needed to go in the microwave; she gave it to her raw. I have to check all the time that they have done what they are supposed to – *unpaid carer/relative*

Staff seem very busy, would like more housekeeping done. Don't get informed who is coming, staff change a lot. Used to get a leaflet of carers coming – *person receiving support*

On the whole we are happy but the way the questionnaire is written with straight yes/no answers doesn't allow the possibility for degrees of satisfaction. We are not satisfied with 1) When there is a change of regular carer, issues then arise about the times they come in (too early, too late) and the service they provide (i.e. they don't know what to do). 2) When it is non regular carers there are sometimes language problems – Mum doesn't

understand the carers and 3) Issues over bedtime - sometimes quite early when not regular carers or if they are going to be late/very late, we do not get told always – *unpaid carer/relative*

Phone calls when there are problems are not always returned. Medication sometimes missed – *unpaid carer/relative*

I have answered YES for all the questions but this has only been the case in the last few weeks. We have had the care plan in place since approx. May 2016 and it has been very hit and miss affair. Constantly different people at different times and sometimes not at all. Over the time we have had 60+ different people! The change in the last few weeks is excellent. Long may it last. Thank you – *unpaid carer/relative*

I have several different carers who don't know the layout of my flat, so I have to get out of bed to show them how to manage kitchen. Most of them don't speak English. To keep any sort of routine I do most of my needs as there is no such thing as timetables. Would I recommend Carewatch? No way! – *person receiving support*

Some of the problems endured have had some improvement of late: dress code, ID – *unpaid carer/relative*

No care for service user's property i.e. when using wheelchair knocking into furniture and doors taking off the paint. Sending in two agency staff who have not been in here before and do not know the routine; very distressing for elderly service user. Not being informed of extreme lateness to a call. Continuity of same team of carers. Weekend is a particular problem – *unpaid carer/relative*

1) One evening no carer arrived to put my mother to bed and she contacted me to go to her house and put her to bed 2) Carers would sometimes turn up to put her to bed before the carer had arrived to give her the evening meal 3) My mother was supposed to have a shower on a Friday morning – this did not happen without a lot of “nagging” from me! – *unpaid carer/relative*

Lack of consistency: 24 different staff during September 18 for example. Insufficiently experienced, high number of agency staff. A few very good full-time staff. Unable to meet requests for early breakfast call slot. Medication concerns: Blister packs not used in the correct sequence (double dosing has also occurred) MAR chart not always completed, not easy to change warfarin dosage in response to Coagulation Clinic – *unpaid carer/relative*

Carewatch only commissioned other companies. No communication to me as primary point of contact - short notice changes over Christmas weekend for example. Care was adequate, inflexible and suited the care company's needs rather than those of the client – *unpaid carer/relative*

The care workers are good but contact with the office is terrible and not much help – *unpaid carer/relative*

I never know the time carers are coming most of the time but they may not know what time patients require at each visit or traffic can be heavy plus the other person says that they are not allowed to start until the other person arrives. Some carers are very thoughtful but others talk over me all the time in another language especially at weekends and ignore the fact that I am trying to speak to them. Some of the girls are really wonderful, chatty and understanding – *person receiving support*

Conclusion and Recommendations

The completed surveys represent 20% of the people the local authority is aware of receiving support from Carewatch (although these records may require updating)

During the period this survey was in progress the Care Quality Commission (CQC) published a report (25th October 2018) from a visit in June 2018.

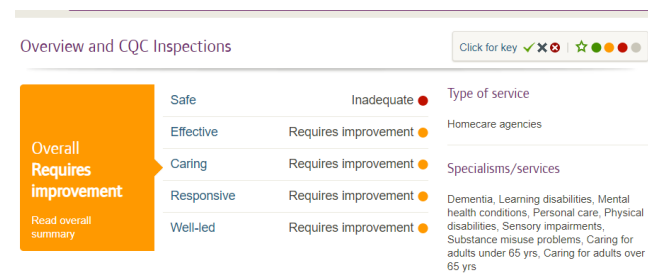
The survey results appear to reinforce the findings of this report.

A significant proportion of the respondents (on average a third) are unhappy with the continuity of staff providing their care and support, staff's understanding of their health and support needs and being treated like an individual.

Although the majority of people know who to contact if they additional support for their health and wellbeing, a third of unpaid carers/relatives do not feel supported by the care team or know where to go to get independent support.

The survey results and additional comments indicate serious problems with care and support visits including timings, lateness and inflexibility and also serious problems with communication including response to complaints and concerns raised (although there was a high level of awareness about how to make a complaint or raise a concern). At least 25% of respondents did not have a copy of the care plan in their home.

Additional comments highlighted some areas of serious concern that need to be addressed immediately (again, this reinforces the findings of the CQC report) including medication errors, not keeping accurate medication records, neglect of personal care and missed calls.



Overview and CQC Inspections

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Overall Requires improvement	Safe	Inadequate	Type of service
Read overall summary	Effective	Requires improvement	Homecare agencies
	Caring	Requires improvement	Specialisms/services
	Responsive	Requires improvement	Dementia, Learning disabilities, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Substance misuse problems, Caring for adults under 65 yrs, Caring for adults over 65 yrs
	Well-led	Requires improvement	

Several comments indicate a serious lack of a person-centred approach to care and support and not respecting a person's right to choice and dignity and respect for their home and possessions.

An additional comment and a survey that had not been completed indicate that Carewatch subcontract to other care agencies.

The comments also indicate issues with language –both limited understanding and speaking of English but also carers communicating in a language not understood by the person receiving support and doing this 'over' them leaving them feeling ignored and not listened to.

Feedback on the survey design indicated it would be useful not to just have yes/no options (Healthwatch have used a ratings scale on previous surveys but removed this after feedback about simplifying surveys to encourage more response)

More positive comments:

Regular staff appear to have much better feedback from the people who receive support and their unpaid carers/relatives.

A social care manager (RBWM/Optalis) received positive comments about their support in helping a family raise their concerns and complaints.

At least two respondents indicated that recently there had been some improvements.

Recommendations:

- All agencies and regulatory bodies are aware of the serious issues with this provision and they should work together to keep people safe. Healthwatch WAM will share this report and any further feedback it receives about the provision to both the Care Governance Board and to the CQC
- The local authority should prepare a statement for people who receive support from Carewatch and their unpaid carers/relatives in response to the concerns raised in this report and the CQC report (as they are public documents) and outline the work that is being undertaken to ensure they are receiving safe, effective and caring support. People should also be given information about the choices available to them if they do not wish to continue to use Carewatch. This statement can then be circulated to all agencies so that everyone gives a consistent response.
- Healthwatch WAM will revise the format for future surveys to include a neutral response rather than just yes/no.
- All social care teams should ensure people who receive support and their unpaid carers/relatives are given information about local independent support and sources of information such as Healthwatch WAM, the CQC and advocacy services. Referrals to and/or information about SIGNAL, the local authority funded support service for unpaid carers should also be made by social care teams.