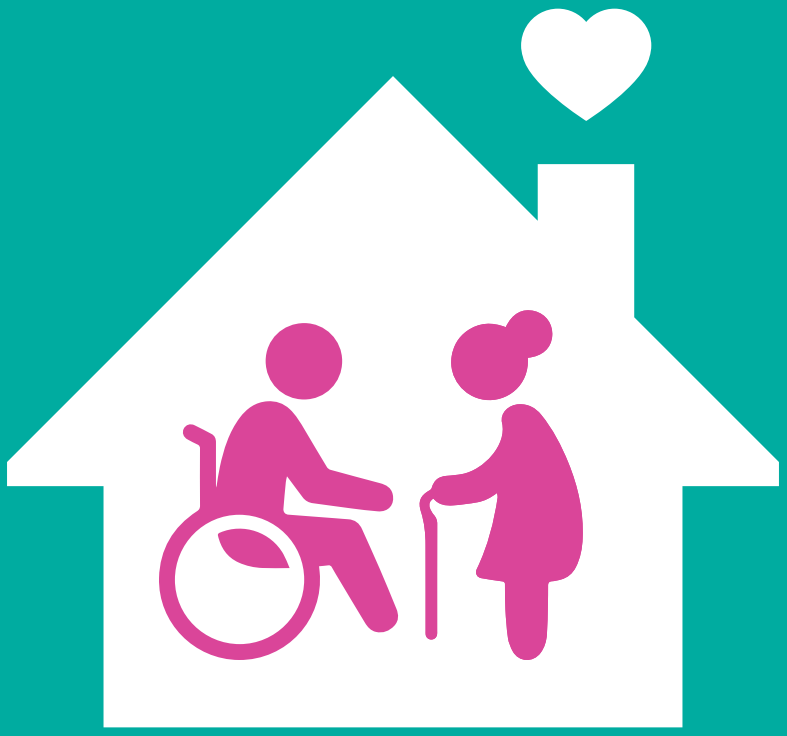


Home Care Report
January 2019

healthwatch
Sheffield

Contents

About Healthwatch Sheffield

We are here to help adults, children and young people influence and improve how services are designed and run. We are completely independent and not part of the NHS or Sheffield City Council.
You can tell us about your experience of:

1. Health services

(GPs, dentists, opticians, pharmacies and hospitals etc.)

2. Social care services

(care at home, residential and nursing homes, personal budgets etc.)

We collate the feedback you give us so we can make evidence-based recommendations to the organisations that design, pay for, and run our local services.

Acknowledgements

Thank you to all the users of home care and family carers who shared their views and experiences with us; without you this report would not have been possible.

We would also like to thank the following organisations for their help and support:

- **Age UK Sheffield**
- **Sheffield Carers Centre**
- **Alzheimer's Society (Sheffield)**
- **Stroke Association (Sheffield)**
- **Disability Sheffield**
- **Shipshape**
- **Chinese Community Centre**
- **SHINDIG**
- **SOAR**
- **Manor and Castle Development Trust**
- **Sheffield Teaching Hospital's NHS Foundation Trust**

Executive summary

There is some evidence that a higher percentage of users of adult social care in Sheffield feel satisfied with their care and feel in control of their daily lives than in recent years and that social care-related quality of life has slightly improved.

However, Sheffield still performs worse than other local authority areas in South Yorkshire, and when compared to figures for Yorkshire and Humber and England.

In 2017, Sheffield City Council (SCC) changed their approach to contracting home care by increasing the number of providers they work with, in an attempt to create more capacity and improve the quality of home care services for local people.

Healthwatch Sheffield wanted to update and deepen its knowledge of the quality of home care in Sheffield by gathering the views and experiences of users of home care and family carers. To achieve this, we held focus groups and carried out semi-structured face-to-face and phone interviews.

In terms of accessing and planning care we found that in general people were satisfied with care needs assessments and the content of care plans. However, people told us that care plans can be too rigid, increased clarity and support are needed through the financial assessment process, and they would like to have more control and flexibility in how they can spend their financial support.

Our findings suggest that there was some general satisfaction with home care, with positive experiences involving home care workers going 'the extra mile' and people building good relationships with care workers. Nonetheless, poor communication was a theme that was present in several different aspects of people's experiences. We also heard many examples where home care did not match with people's priorities and preferences or promote their health and wellbeing, and these experiences were characterised by a lack of choice and control.

We identified the following key concerns which contrast with NICE guideline recommendations on planning and delivering person-centred home care:

- **Late, missed and inappropriate timing of care visits**
- **Rushed care visits**
- **Lack of continuity of care**
- **Care plans were not followed or reviewed regularly**
- **Lack of opportunities for family carers to give feedback and difficulty making complaints**
- **A perception that there is a lack of training, supervision and monitoring of home care workers and no experience or qualifications are needed to do the job**

We have summarised our findings in a model **(see page 21)** which shows what person-centred home care looks like to people locally. We have also made six recommendations, which aim to guide efforts to improve home care for the people of Sheffield, including work to address concerns raised in the Care Quality Commission's recent local system review of Sheffield [1].

[1] www.cqc.org.uk/files/local-system-review-sheffield

Overview of recommendations

Healthwatch Sheffield recommends that commissioners* and providers of home care work together and involve users of home care and family carers to make changes in the following areas:

1. **Improve experiences of accessing & spending financial support**
2. **Improve experience and reduce risk in relation to the timing & length of care visits**
3. **Address a lack of continuity of care**
4. **Encourage care plans to be read & a responsive approach to reviews**
5. **Improve the experience of making a complaint & create conditions where feedback about services is valued and used**
6. **Enable a more consistent, joined up approach to workforce training & improve the credibility of care workers & how they are recruited**

We have suggested specific ways to make improvements in relation to each of the recommendations shown above (see page 22 for full details).

*__Commissioners__ of home care decide who provides home care services to local people and how they are paid for with public money. Sheffield City Council and Sheffield Clinical Commissioning Group are both organisations that commission home care services.

Background

What is home care?

Home care (sometimes called domiciliary care) is a source of support for people who need help with things like personal care, essential tasks around the home and other daily living activities such as socialising outside the home. This support can help people remain in their own home rather than living in a care home. Paid home care is provided by local authorities, independent home care companies and personal assistants. It is estimated that 673,000 people use home care in England at a total cost of £3.3 billion [2].

673,000

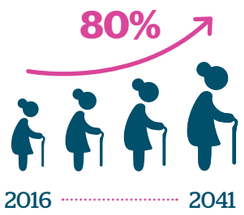
people use home care in England

National and local challenges

The demand for home care is increasing. In England, a growing ageing population is expected to lead to a 60% increase in the number of people with care needs [3] and the number of people with complex, chronic or multiple conditions is increasing. For example, it is predicted that there will be a million people with dementia in England by 2027, and this will continue rising, reaching 1.75 million by 2050 [4].

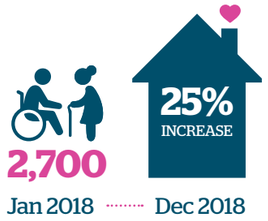
1 Million

people could be living with dementia in England by 2027



By 2041, the number of people aged over 65 in Sheffield is predicted to grow by 37% , whilst the number of people aged 85 and over is expected to increase by 80% (based on 2016 population estimates) [5].

Over a third of people aged over 85 have difficulties carrying out five or more tasks of daily living without assistance, so are likely to need health and care services [6].

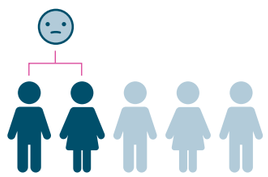


We were informed by Sheffield City Council (SCC) that in 2018 they had organised home care for around 2700 people, which represents an increase of around 25% within a year.

Difficulty attracting and retaining staff in adult social care is also a key concern, particularly in the context of growing demand.

National estimates for 2017/18 suggest that within adult social care, home care services had the highest job vacancy rate (9.9%) and staff turnover rate (36.8%) compared to other service types.

The job role with the highest staff turnover was care workers (37.5%) and the rate was even higher for home care workers (42.3%).



Around 2 in 5 leave their role within 12 months [7].

healthwatch Sheffield

Staff leaving can have a negative impact on users of home care because they have to get to know someone new who isn't familiar with their needs and preferences, and care companies have to put resources into recruiting and training new staff.

In 2017/18, estimated staff vacancy rates for adult social care in Sheffield were at the lowest rate seen in the last 5 years (4%). However, they have consistently risen and fallen from year to year during that time. In contrast, estimated staff turnover rates have steadily increased and doubled in the same period, increasing from 17.8% to 35.7% [8].

The local picture

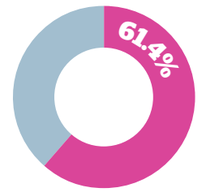
The Adult Social Care Framework (ASCOF) measures how well support and care services achieve the outcomes that matter most to people, through user and carer surveys. The results are published every year and inform us how well Sheffield is doing in comparison to other local authority (council) areas, and the regional (Yorkshire and Humber) and national picture.

According to the ASCOF data for 2017/18 [9]:

Quality of life score

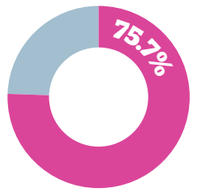
18.4 out of **24**

The social care-related quality of life score has increased to 18.4 out of a possible score of 24, but it is still lower than the regional and national score, and Sheffield has had the lowest score compared to other local authority areas in South Yorkshire for the last 3 years.



People reporting overall satisfaction with care

This has improved for the second year in a row but remains lower than the percentage regionally and nationally and is lower than other local authority areas in South Yorkshire.



Worst performing local authority in South Yorkshire

Sheffield remained the worst performing local authority area in South Yorkshire for the third consecutive year in terms of the percentage of people who felt they had control over their daily life (75.7%). Regional and national percentages are higher, but the gap is narrowing. The percentage in Sheffield has increased for the last two consecutive years.

[2] www.ukhca.co.uk/pdfs/DomiciliaryCareMarketOverview2015.pdf

[3] www.kingsfund.org.uk/projects/time-think-differently/trends-demography

[4] www.cqc.org.uk/sites/default/files/20171123_stateofcare1617_report.pdf

[5] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

[6] www.cqc.org.uk/sites/default/files/20170703_ASC_end_of_programme_FINAL2.pdf

[7] www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf

[8] https://drive.google.com/file/d/10aJpm4ncjq91tQhV1SuE1Gs-nfhv1nie/view

[9] https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

The Care Quality Commission (CQC) regulate, monitor and inspect home care providers. **Table 1** shows CQC inspection ratings of home care providers in Sheffield in September 2018. There was a lower percentage of home care providers in Sheffield rated as Good and Outstanding and a higher percentage of unrated providers compared to the national and comparator group. The comparator group is made up of 15 local authorities viewed as 'most similar' to Sheffield in terms of demographics and geography.

Table 1: CQC Inspection ratings of home care providers in Sheffield (based on CQC data accessed on 28/09/18) [10]

Key
*R.I. = Requires Improvement
Numbers in brackets show the number of home care provider sites

	Inadequate	R.I*	Good	Outstanding	Unrated
Sheffield Local Authority	**1%** (1)	**11%** (11)	**59%** (57)	**0%** (0)	**28%** (27)
Comparators	**0%**	**12%**	**61%**	**3%**	**24%**
Emgland	**1%**	**10%**	**63%**	**2%**	**24%**

[10] https://drive.google.com/file/d/10aJpm4ncjq9ltQhVlSuE1Gs-nfhvlnie/view

Why we investigated home care

In March 2017, we published a summary of our survey findings which provided a snapshot of local people's experiences of home care and was used to inform the service specification in Sheffield City Council's recommissioning of home care services.

We found that people wanted more consistent, flexible care and longer care visits.

In 2017, Sheffield City Council (SCC) increased the number of providers working with them to deliver home care and supported living across the city. Around 29 providers were contracted, and a formal home care framework was introduced in a move towards increasing capacity, quality, and more flexible and responsive services for individuals using home care [11]. Although we didn't expect to see significant changes in these areas in such a short space of time, we felt it was still important to find out more about people's experiences of home care because:

- **We want to ensure that people's views on home care are added to the evidence base available to local decision makers.**
- **Some people who use home care can be difficult to reach using usual feedback gathering methods because they spend little time outside of their home and we have received little feedback about home care in the last year. Additionally, home care is not usually visible at the point of delivery because it mainly takes place in people's homes.**
- **ASCOF data published in 2016/17, showed that Sheffield ranked poorly in terms of the social care-related quality of life score (ranked 154 out of 159 local authority areas) and remained lower than national and regional scores. Furthermore, a lower percentage of users of adult social care services in Sheffield felt in control of daily living and had overall satisfaction with their care in comparison to the regional and national figures [12].**
- **We were aware of the challenging climate in which home care is commissioned and delivered, with growing demand for home care services and difficulties around recruiting and retaining care workers potentially having a negative impact on people's experiences of home care.**

[11] www.sheffield.gov.uk/content/dam/sheffield/docs/social-care/social-care-policies-and-plans/Local%20account%20ASC17.pdf

[12] https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive/measures-from-the-adult-social-care-outcomes-framework-england--2016-17

How we investigated

Our approach

In contrast to our work in 2017, we wanted to have detailed semi-structured conversations with people and actively seek views from the family carers of people using home care.

When planning our investigation, we consulted with local organisations that work with people who have experiences of home care including the Sheffield branches of Age UK, Alzheimer's Society, and the Stroke Association, Sheffield Carers Centre and Disability Sheffield.

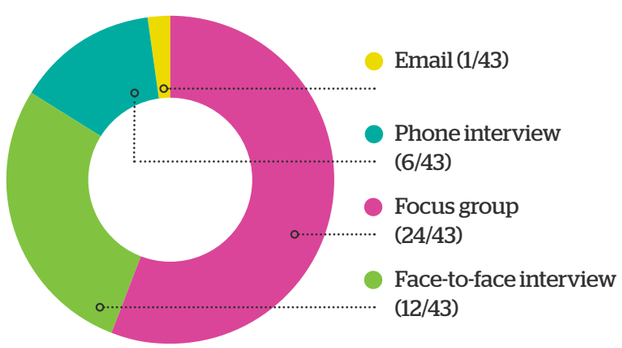
How we gathered evidence

Healthwatch Sheffield staff and volunteers gathered people's views and experiences of home care over eight weeks, between February and March 2018.

We held four focus groups and conducted semi-structured phone and face-to-face interviews (see **Appendix A** for interview questions). This allowed people to focus the conversation on the aspects of home care they thought were important.

Opportunities to take part were promoted in our newsletter, on our website and through social media, and leaflets were distributed by voluntary sector groups, home care providers and Community Services at Sheffield Teaching Hospital's NHS Foundation Trust.

Figure 1: How we gathered views and experiences



Focus Groups

5th March 2018
The Circle, Rockingham Lane, S1

8th March 2018
Quaker Meeting House (This focus group was arranged and facilitated in association with Sheffield Dementia Involvement Group (SHINDIG) and Alzheimer's Society Sheffield)

9th March 2018
Victoria Hall Methodist Church (This focus group was advertised through Sheffield Carers Centre)

27th March 2018
Parson Cross Library (This focus group was arranged and facilitated by Healthwatch Local)

Who spoke to us

We heard from 43 people about their experiences of home care. 10 people were users of home care and 33 were family carers who had a role in supporting their relative/s alongside paid home care.

People mainly told us about older people's experiences of home care. We didn't record the age or ethnicity of people who spoke to us but we are aware that there was a lack of representation from younger adults and people from Black Asian and Minority Ethic (BAME) communities. You can read what two BAME community workers told us about attitudes and experiences of BAME people using home care in **Appendix B.**

Most people said that the home care provided was arranged by Sheffield City Council (SCC) **(Figure 2)**. Some people said the care was completely self-funded whilst some was partly or fully funded by SCC **(Figure 3)**. There were also some people who didn't know or tell us how the home care provided was arranged or paid for. Almost everyone we spoke with used home care companies rather than Personal Assistants (PA's) to support them at home.

Figure 2: How home care was arranged

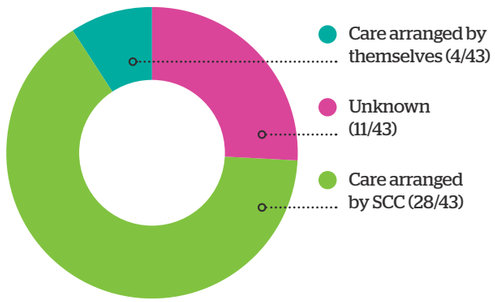
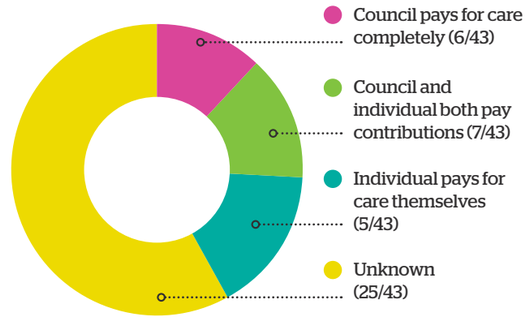


Figure 3: How home care was paid for



The number of daily care visits people had varied from one visit by one care worker to four visits by two care workers. Most people spoke of having two or three visits daily to help with tasks such as taking medication, getting washed and dressed, toileting, preparing meals and getting in and out of bed.

Please note that we changed the names of people who spoke to us in our findings to protect their identity.

How we analysed the evidence

We analysed and themed what people told us then explored how this compared with the best-practice recommendations in NICE guideline 21 'Home care: delivering personal care and practical support to older people living in their own homes' (2015) [13].

This allowed us to identify areas of contrast between people's reported experiences of home care and how person-centred home care should be planned and delivered according to NICE.

This helped in establishing key priority areas for improvement and informed our recommendations.

About NICE Guideline 21

NICE (National Institute for Health and Care Excellence) guidelines contain evidence-based recommendations on safe, effective and value-for-money practice. The guideline covers the planning and delivery of person-centred care for older people living in their own homes. It aims to promote older people's independence and to ensure safe and consistently high quality home care services. It can also be relevant to people under 65 with complex needs.

[13] https://www.nice.org.uk/guidance/ng21

Findings

We have displayed relevant points of NICE guideline 21 within our findings to illuminate the difference between people's views and experiences of home care and what people should be able to expect when accessing and using home care.

Accessing and planning home care

When people are identified as needing home care, they are given information about financial and practical support options, their care needs are assessed, and a care plan is generated which states how home care will satisfy their needs and priorities.

Care needs assessments are done well

In general, family carers were happy with how their relative's care needs assessment was carried out and with the subsequent content of care plans.

> "The assessment was done well. I felt they heard what I was saying, and they listened to me..."

Accessing financial support can be confusing & difficult

Accessing financial support was highlighted as being complicated and confusing by users of home care and family carers. They told us there was a lack of clear information and upfront advice about financial entitlements and the wider implications of care costs, and that filling in long forms could be a burden. It was suggested that people need more support through the financial assessment process.

> "We had no choice about what care company we had, and we weren't told upfront how much it was going to cost. I'd have liked this to happen."

Home care insights

John is a user of home care. He told us that the major issue with home care is the financial system around care.

He explained what he thought the problems are:

"I need supplements to help treat ME such as massages. The finance team through the council and NHS are pointing fingers at each other about who should be funding this, and the result is that no one is so my health is deteriorating.

The systems are too opaque, and information isn't always accessible. I can't read and fill in lengthy online forms etc, and people won't always tell you what you are eligible for, so you have to look it up yourself, and the guidance is difficult to follow.

I want some sort of independent officer who can provide support around finance and other terms relating to care."

Lack of choice and control

People wanted more choice and control in how financial entitlements can be spent. Users of home care told us that strict rules on spending financial support means that people can't always spend it on things that matter to them and satisfy their specific needs and priorities. Similarly, family carers felt that a lack of flexibility in their relative's care plan meant that care workers couldn't carry out tasks that were a priority for their relative as and when they mattered to people.

> "Care plans can be too rigid. They mean that the carer cannot use any initiative to do other things if that is needed."

Users of home care and family carers told us they were concerned that having too many different care workers was having an impact on the quality of care provided. This suggests that continuity of care may not have been prioritised when care was planned.

Difficulty finding the right information

When we used an internet search engine, we easily found useful factsheets on the SCC website, but struggled to find them when we started searching from the SCC website home page and using the search tool. Although we found an Easy Read version, it wasn't clear how to request information in other formats or how to begin the process of accessing home care.

NICE guidance

1.2.5 Tailor all information for different audiences and make sure it is accessible and understandable...

1.1.1 Ensure services support the aspirations, goals and priorities of each person, rather than providing a 'one-size fits all' service.

1.3.3 Ensure home care packages address social care-related quality of life and the person's wider wellbeing (for example home cleanliness and comfort) in addition to practical support. Recognise that people who use home care services often need support that goes beyond their personal care needs.

1.3.20 Ask people:which elements of home care are a priority for them, and whether they want some home care time used flexibly (that is, used for a variety of jobs according to what is needed).

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.

See recommendation 1 – page 22

Home care insights

Phil told us he was unable to use his financial allowance in a way that suited his needs and priorities.

He was unable to put some of his financial support money towards carpet cleaning that was needed due to disability-related incontinence. Yet he felt that access to cleaning was important for health and hygiene reasons.

Home care insights

June was a user of home care following a hospital stay. She told us how she stopped the care company coming because she didn't feel they were supporting her very much.

June explained that the care workers would make snacks rather than meals and would often say the things she asked them to do weren't in their remit, such as changing bed sheets. They often didn't come to get June out of bed until 11am so she started sleeping in a chair instead of her bed because it was easier.

Several weeks passed before she managed to cancel the care. She wasn't charged for care during that period, but she didn't want the care or find it useful.

Good experiences of home care

We found that home care was valued because it enables people to stay in their own home and maintain some independence. Several family carers told us they were happy with the care provided, appreciated the efforts of individual carers and understood the challenges care workers face. We heard examples of care workers going 'the extra mile' and some family carers suggested better pay for care workers and a 'carer awards' event to recognise the efforts of individual workers.

> "If home care didn't exist my parents would be in a home. I'm happy with the service they receive."

Users of home care and family carers described good experiences of care which involved care workers getting to know the person using home care and them getting on well together. Good communication and feeling listened to was characteristic of family carers' positive experiences.

> "One time a carer waited with my sister- in-law while she waited for an ambulance. This was really good and reassured my mum."

These findings suggest that building a good relationship between a person and their home care workers plays an important role in influencing how satisfied people are with their care. The right conditions are needed to enable these relationships to form (See NICE guidance below).

NICE guidance

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.

1.1.5 Ensure there is a transparent process for 'matching' care workers to people, taking into account:

- the person's care and support needs, and
- the care workers' skills, and
- if possible and appropriate, both parties' interests and preferences.

Home care insights

Emily explained how home care enables her to stay in her own home and keep enjoying the things that give her pleasure in life.

"Alzheimer's is a cruel thing. It is taking any sense I had. It has changed my outlook on life. I accepted that I was going to finish up in a home somewhere, I just hope it is a warm and caring place. With home care I'm able to stay at home and can see the gardens and stay near my neighbour who I like."

Home care insights

Linda told us how her mum is thriving since moving into an extra care scheme flat, and that she is happy knowing her mum is in safe hands.

"There is a café right below her flat where the staff know her and her condition, and this extra stimulation is really helping. She has two visits a day from carers but can increase this as soon as she feels the need to. The carers have got to know her really well and they know how to help."

Key concerns

Despite some people reporting good experiences of home care, they were not always satisfied with how well the care provided matched people's needs, priorities and preferences, or accounted for these changing over time. People's experiences highlighted a lack of person-centred care which contrasted with the best-practice recommended in the NICE guidance in six main areas.

Late, missed and inappropriate timing of care visits

Lateness and missed visits were key concerns. Users of home care said the times of visits were often inappropriate and didn't match their needs and preferences, for example with the timing of meals. Family carers were particularly concerned about the health implications of people being taken to bed too early and helped out of bed too late the next day.

> "They arrived today at 11am for one visit and 4pm for a second visit. They say that's the only visits they're making today, which means she either has to go to bed at 4pm or somehow manage herself."

Rushed care visits

There was a perception among family carers that care workers don't have enough time during visits which can lead to a rushed experience of care and tasks being missed or not done properly. This may mean that family have to do the missed tasks. People thought longer care visits were needed, however it was also acknowledged that workers' travel time isn't always used efficiently.

> "One time a new carer came, and she was really fast, she washed mum in 10 minutes. She was really proud of herself, but I don't feel it was a good experience for my mum."

See recommendation 2 – page 22

Home care insights

Carol told us how her GP spoke to her care provider about the timing of her visits.

Carol is diabetic and injects insulin at meal times. She said her meals should be regular to help control her blood glucose levels. Carol's carers would often come at 10am for breakfast, 11:30am for lunch and 4pm for her evening meal. She said this was very unhelpful for managing her diabetes.

Eventually her GP contacted the company to say that the visits were not at an appropriate time. Carol said the care company's response was that her diabetes was not their concern. They only had to make sure she had her meals and her medication, and because she could inject her insulin there was no need to change the visit times.

NICE guidance

1.1.3 Ensure people using home care services and their carers are treated with empathy, courtesy, respect and in a dignified way by providing a reliable service that people and their carers can trust.

1.4.10 Home care workers should avoid missing visits. They should be aware that missing visits can have serious implications for people's health or wellbeing.

1.4.13 Put contingency plans into action when visits are missed or late.

1.4.1 Ensure service contracts allow home care workers enough time to provide a good quality service, including 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.

Lack of continuity of care

Users of home care and family carers said that there were too many care workers involved in delivering one person's care. They wanted fewer workers to provide an individual's care because they felt that having multiple workers meant that workers didn't get to know the person or their care plan.

Family carers said they disliked having lots of people they didn't know in their home and that users of home care found it distressing. They pointed to staff leaving and changing care companies as factors disrupting continuity of care.

> "One of the most distressing things for him was the fact that different carers would come every day. We once counted 17 different people across 14 days. None of them got to know his care plan very well, and he was distressed at strangers coming in every day."

See recommendation 3 – page 23

Care plans were not followed or reviewed regularly

Several family carers told us that care workers were unfamiliar with care plans and that care plans weren't reviewed regularly enough. Family carers stressed the importance of regular reviews taking place and said they would like care workers to read and follow care plans. It is not clear why care plans were not being read, but this could be due to care workers not having enough dedicated time in their work schedule to allow for this.

> "Carers don't read the care plan. Only one carer has ever asked for the care plan and they were on their second week so were still doing things by the book."

See recommendation 4 – page 23

NICE guidance

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 by:

- introducing people to new home care workers, and
- building teams of workers around a person and their carer, and
- informing people in advance if staff will be changed and explaining why

1.3.24 Ensure all people involved in providing care and support have access to the home care plan and to the care diary. Encourage them to read and contribute to both documents as appropriate.

1.3.25 Undertake an initial review of the home care plan within 6 weeks, then review regularly, at least annually.

Home care insights

Marie has used home care for some time. She explained the issues she had encountered in relation care plan reviews.

"When they reviewed my care plan, they wanted to have a meeting with just me, the social worker and advocate from Disability Sheffield but I wanted [other professionals] included. I had to fight to get them involved.

The social worker then wanted to go away and write the care plan for me, but I wanted to be involved.

I have now not had a review for two and a half years. You're meant to have a yearly review..."

Lack of opportunities for family carers to give feedback and difficulty making complaints

Family carers would like to be asked for feedback and for this to be followed up, but there is a lack of consistency in care providers asking for regular feedback. This may mean that they feel making a complaint is the only way to give negative feedback and providers may be less aware of what is working well.

People told us that making a complaint or raising a concern with care providers can be difficult and frustrating because of a lack of information about how to complain, feeling scared about sharing concerns and difficulty contacting providers. Additionally, some family carers reported that providers had not responded to their attempts to complain and making a complaint didn't always lead to a satisfactory change. Improvements suggested by family carers were:

- being able to complain to an independent person who doesn't work for SCC or the home care provider
- having a forum where people can give feedback and check whether other people are having similar experiences

> "After I spoke to the CQC they told me to ask the care agency to send me their complaints procedure. I have done this three times now and they still haven't sent it to me. I'm not going to bother asking again."

Making complaints to SCC can be difficult by phone because it involves using the main enquiries number and there isn't a designated option in the main menu. Complaints via the SCC website involves several stages of entering personal details before feedback or complaints can be detailed, and there is no option to remain anonymous.

When we briefly checked the websites of 16 home care providers on SCC's Recommended Provider List, we couldn't find information about how to make a complaint on any of the websites. This suggests the information was not there or it is not easy to find.

See recommendation 5 – page 24

Home care insights

Home care user Beth told us how she didn't give up when her situation didn't change after making a complaint.

"Lots of people are scared about rocking the boat so won't say anything. Friends just go along with the system because they are scared they will lose their support.

My local complaint was upheld but nothing happened so I went to local government and adult social care ombudsman, as well as the parliamentary and health ombudsman. They were really concerned and helpful and they upheld my complaint.

I partially took out the case because of the others who can't communicate their concerns."

NICE guidance

1.1.3 Ensure people using home care services and their carers are treated with empathy, courtesy, respect and in a dignified way by...regularly seeking feedback (both positive and negative) about the quality and suitability of care from people using the service, including those who don't have a carer or advocate.

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.

1.4.6. Make the complaints procedure available on your website and in other ways appropriate to people using the service and their carers. Give information about escalating complaints (to the commissioning body and Ombudsman) or ensure this information is readily available.

A perception that there is a lack of training, supervision and monitoring of home care workers, and no experience or qualifications are needed to do the job

Family carers reported having a lack of knowledge about how care workers had been recruited and trained, and it was perceived that no relevant experience or qualifications are needed to be a care worker. They expressed a need for more training and supervision of care workers and increased monitoring of the care provided, although it is unclear how much knowledge they had about what already happens in these areas.

It was also acknowledged that a lot of good practice already takes place and that care workers should come together to share their learning.

> "It needs to be clear how the providers are vetting and employing staff. It needs to be possible to find out who the carers are."

Family carers suggested that training was needed to improve care workers' communication skills during care, especially when caring for people with dementia. They also wanted to see more general dementia training and specialist training in other areas, for example, physical disabilities, mental health and long-term health conditions such as diabetes.

> "It is no good asking what they need from the shops because they don't know. My [relative] always says [they] want trifle, but this means the fridge is just full of trifle."

See recommendation 6 – page 24

NICE guidance

1.7.1 Have a transparent and fair and recruitment and selection process...

1.7.11 Supervise workers in a timely, accessible and flexible way, at least every 3 months and ensure an agreed written record of supervision is given to the worker.

1.7.12 Observe workers' practice regularly, at least every 3 months, and identify their strengths and development needs.

1.7.4 Ensure home care workers are able to recognise and respond to: common conditions, such as dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss (see also NICE guideline 1.3.8.)

Home care insights

Susan felt her relative would benefit if his care workers spoke to him differently.

"First one [carer] said 'Ey up chuff nut'. Think she was trying to be friendly, but not a good start....

Ian can't speak now and can't walk. Still treat him as intelligent. Don't treat him as very childlike, singing nursery rhymes to him!

Presume who you are looking after has had a life before. They see you at the worst time in your life. For training that is important; how to speak to people."

Spotlight on communication

Communication is a wide-ranging topic which isn't fully covered within NICE guideline 21. We decided to shine a light on communication because it was a consistent feature of negative experiences of home care and mattered to people in a variety of ways.

As stated earlier in this report, some family carers thought that care workers could improve on how they communicate with users of home care and found contacting providers difficult. Having no or little contact with home care providers other than through care workers could be problematic because people may need to discuss an aspect of organising care that care workers don't deal with, or they might want to report an issue with the conduct of a care worker.

Family carers were dissatisfied with communication in two other main ways:

Poor communication between services

In a discussion at a focus group, the vast majority of family carers agreed that the biggest issue with social care was communication between services. People said the system was very disjointed, especially between health and social care. They called for the system to be joined up more efficiently so they didn't have to repeat information to different services. This echoes what the CQC found when they reviewed the health and social care system in Sheffield, in that people reported 'a fragmented approach to service provision' which meant they had to tell their story multiple times [14].

Not being consulted or involved

Some family carers felt they should have been more involved in decisions about their relative's care which also affected them. For example, a family carer told us they had been asked to look after their relative in their home without being consulted, and another person was advised to take early retirement to care for their parents.

During a focus group we learnt that family carers didn't feel they had the chance to have any input during the process of applying for Personal Independence Payment (PIP), despite feeling they had more knowledge of their relative's needs than the decision-making panel. Furthermore, some family carers reported that home care providers and care workers were not pro-active in asking for and using their knowledge of their relative's needs. This mirrors findings at a national level; the CQC identified a lack of involvement of family or carers as a key concern in relation to the care and welfare of people using home care in their report published in 2013 [15].

> "When I tried to phone, they always say that the person I want to speak to is unavailable. There is no response to emails. Even if you go to the top no one responds."

> "One is so bouncy and full of life but talks to her as if she's a 90-year-old frail lady. I can see the look on her face. The girl is so nice I haven't got the heart to ask her to tone it down."

> "Carers don't always listen to family carers even though they know the needs of the person being cared for."

[14] www.cqc.org.uk/sites/default/files/20180522_local_system_review_sheffield.pdf

[15] www.cqc.org.uk/sites/default/files/documents/9331-cqc-home_care_report-web_0.pdf

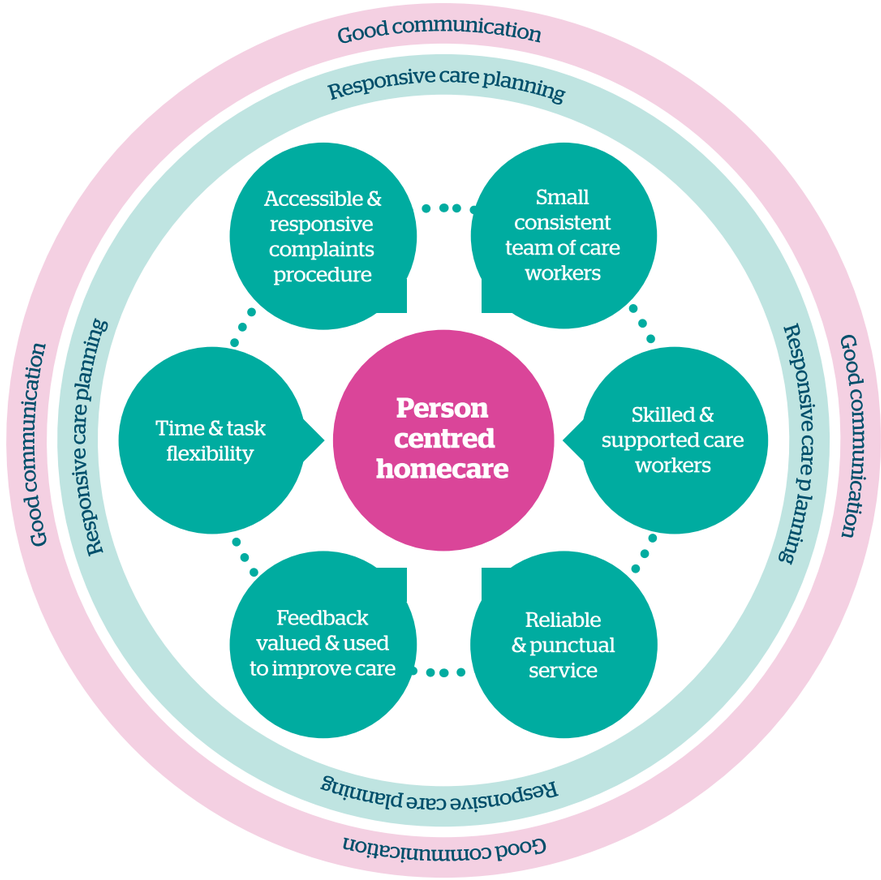
Conclusion

Home care aims to help people to live their life the way they want to and should go beyond addressing health and personal care needs. It should also help people to have a better quality of life. Care that centres around people's needs and wishes rather than those of services, is central to people's satisfaction with their own lives and with home care.

Person-centred care has the potential to be a game changer; when care is not person-centred people tend to be dissatisfied and their health and wellbeing may be adversely affected. People told us how important it is that care workers built good relationships with users of home care, and this facilitates person-centred care, but the right conditions are needed for this to happen.

We have summarised our findings to show what person-centred home care means to local people in Figure 4 below. This model accounts for the views and experiences of users of home care and family carers and reflects some of the findings from our survey in 2017.

Figure 4: Person-centred home care



NICE guideline 21 suggests that providing person-centred care helps to deliver a better quality of life for people using home care and family carers and can mean greater job satisfaction for the workforce as they can establish and develop relationships with people and support good outcomes for them.

Recommendations

Healthwatch Sheffield recommends that commissioners and providers of home care services consider the recommendations below, including the specific suggestions about how to make improvements.

1. Improve experiences of accessing & spending financial support

Sheffield City Council (SCC) to work with people who use home care and their family carers to:

a. Review the suitability and accessibility of information about the financial aspects of home care, how easily it can be found on the SCC website (following NICE guidance 1.2.5 and 1.2.6), and the timing of information giving.

b. Identify sources of good quality information from other organisations which people can be signposted to and consider adding links to this information on the SCC website.

c. Establish how financial assessment forms can be improved and what support people would find useful in terms of form filling and throughout the financial assessment process. Include a review of current support available and discussions around the possibility of a Financial Support Officer who is independent from SCC.

d. Explore ways of increasing flexibility in how financial support can be spent to better suit people's needs and priorities.

2. Improve experience and reduce risk in relation to the timing & length of care visits

Commissioners to consider the following changes in relation to home care service contracts and monitoring arrangements:

a. Ask home care providers to report how many people who live alone, or lack capacity have been affected by late and missed visits. Additionally, consider setting a limit for the percentage of late visits experienced by one person within a set period, with home care providers reporting the number of times this is breached.

b. Work with users of home care and family carers to generate clearer definitions within home care service contracts of the circumstances which allow care visits to last less than 30 minutes. The revised criteria should allow for increased consideration of someone's individual situation and needs. For example, considering whether someone is isolated and the visit also helps to addresses their social needs.

c. Work with a home care provider to trial offering people the option of using a set amount of time flexibly each week/month without the need for approval from commissioners. This should be offered when care is planned or reviewed and the impact on users and providers should be assessed.

d. At the care planning stage, home care providers to consult with users of home care, relevant health care professionals, and when appropriate their family carers, to identify acceptable personalised boundaries for the spacing out of visits which involve giving meals and assistance going to bed at night and getting up the next day.

e. Ask users of home care and their family carers about quality of care, including the occurrence and handling of late and missed visits before providers can be contracted to take on a significant number of new clients.

3. Address a lack of continuity of care

a. Commissioners and home care providers to agree to set a limit on the number of care workers to be involved in one person's care and for this to be monitored. The limit should account for the number of care visits people receive weekly, and the nature of their care needs.

b. Home care providers to introduce all care workers to people before their first care visit together. Introductory phone conversations should be attempted when it is not possible in person and this fits with the user of home care's communication needs. The use of a 'Meet your team' document should be considered as a way of familiarising people with care workers that are or might be involved in their care. This could include photos, names and brief profiles of care workers and should be kept up to date.

4. Encourage care plans to be read & a responsive approach to reviews

a. Commissioners to work with home care providers to devise a way to monitor how often care plans are read and reviewed.

b. Commissioners to consider specifying a set of triggers for a care plan review at any point in time. These are to be informed by clinical opinion and insight from users of home care, family carers and care workers.

5. Improve the experience of making a complaint & create conditions where feedback about services is valued and used

a. Home care service contracts to require home care providers to have a named complaints lead and target response times for formal and informal complaints within their complaints policy and procedure. Users of home care and family carers could also be asked about complaints satisfaction through the SCC 'Customer Voice' surveys.

b. SCC to work with users of services and family carers to review and improve the process of making a complaint and sharing feedback through the SCC website and main enquiries phone line.

c. Commissioners and home care providers to explore how to effectively gather and use feedback from users of home care and family carers and make the most of opportunities to address negative feedback so that complaints are avoided.

d. Home care providers to consider holding regular 'drop-in' days or open meetings for users of home care and family carers to give and discuss feedback in person.

6. Enable a more consistent, joined up approach to workforce training & improve the credibility of care workers & how they are recruited

a. Commissioners to support home care providers to embed the practice of involving users of home care and family carers in the recruitment and training of care workers.

b. To provide reassurance to users of home care and family carers, home care providers should inform people of their monitoring, observation, supervision and training practices through their welcome packs and websites. Details of the qualifications and experience of individual care workers should be made available to the people they care for and their family carers.

c. Sheffield Clinical Commissioning Group (CCG) to mirror the approach taken with care homes by holding a home care conference for care workers and managers, to promote sharing of best practice and allow sector-wide training needs to be identified and addressed. To encourage a joined-up approach to care, efforts should be made to include other professionals at the conference and at existing home care forums. For example, GPs, social workers and others involved in the care of people who use home care.

d. Sheffield CCG to consider inviting care workers to take part in free education sessions, such as Protected Learning Initiatives to help strengthen their knowledge and skills in specific areas.

Next steps

Healthwatch Sheffield invites Sheffield City Council and Sheffield Clinical Commissioning Group (CCG) to respond to our recommendations (see pages 22–23) and fill in the Recommendation Response Form **(See Appendix C)**. We will publish their responses and monitor progress.

In response to family carers telling us they would like to share experiences about home care with an independent body, have a forum where people can give feedback about providers and check other people's experiences, we will take the following action:

- **Make efforts to let more people know that they can share feedback about home care with us and that we can provide information about making a complaint and signpost them to further support.**
- **Actively promote our online feedback centre as a way of sharing feedback about home care providers and finding out other people's views of home care services.**
- **Continue to advertise opportunities for people to share their views about home care with commissioners and relevant local and national organisations.**

Our work does not tell us much about the views and experiences of younger people, those from BAME communities and people who use personal assistants to support daily living. We aim to address this in the future.

Listening to what people think about accessing and using home care will always be an important part of our work.

Appendices

Appendix A:
Interview and focus group questions

Q1: What sort of help with daily living do you receive?

Q2: What is your experience of help with daily living?

Q3: Can you describe the process of accessing home care?

Q4: To what extent do you feel your home care service helps to enable your independence at home?

Q5: What could be improved about the help with daily living you receive?

Q6: What are your expectations of help with daily living going forward?

Q7: Do you have any long-term health conditions?

Q8: Is there anything else you would like to tell us about?

Appendix B:
BAME experiences and views of home care

In August 2018 we spoke to two BAME workers who work for different community organisations that help people to improve their health and wellbeing. They gave us some insight into BAME experiences and views of home care. This is what they told us:

- There is a need for home care but there are language and cultural barriers preventing Chinese people from accessing care at home agencies. Someone that speaks Chinese is needed.
- My organisation signposts people to allowances but they don't get a lot and have to wait a long time before the council do an assessment. Often the council turn up to do an assessment but then realise there is a language barrier so have to return with an interpreter.
- If my organisation referred people for assessment, they may be able to provide an interpreter for the assessment.
- One person was having 4 – 6 visits per day from a care company but visits were too short (around 10 minutes) so they got very frustrated and stopped using the company.
- When people struggle to access appropriate home care they struggle or rely on family carers. There is no way for them to have a break and it affects their quality of life and wellbeing.
- People end up in care homes or in and out of hospital due to a lack of appropriate home care. Some people try but find it difficult. There can be different carers every day and they can't always communicate, and the lengths of the visits aren't appropriate. The home care company need to support communication and provide emotional support.
- Many people from Black African, Chinese and Asian communities don't know about care assessments and benefits. We refer them to the Carers Centre.
- Some people wouldn't access home care for cultural reasons, they would question why people from outside were coming in to help, but it does depend on the individual situation.
- Younger people are more likely to accept help, I had 4 weeks of daily help with cooking and cleaning, but the older generation could be more likely to say no to help or not ask.
- Home Instead have a diverse workforce and so some workers can speak other languages.
- Word of mouth and the Sheffield Carers Centre is how people would find out about home care and support.

Appendix C:
Recommendation Response Form

Name of organisation:

Date:

Recommendation	Response (including actions)	People leading on actions	Date of completion

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