



Home Care in Shropshire

Enter & View Project Report

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



For this project we chose to use research means other than Enter and View visits as we cannot enter the homes of individuals receiving care without their consent.

Executive Summary

Healthwatch Shropshire met with seven home care providers in Shropshire to discuss the services they provide, what they feel works well in the county and any areas where there are challenges. These meetings were attended by the Enter and View Officer and one meeting with three providers was also attended by a HWS Authorised Representative. The seven providers we met with were:

- Allcare, Pontesbury
- Allenby Douglas, Oswestry
- Bluebird Care, Bayston Hill
- CLCA, Conover
- CM Bespoke Care, Cleobury Mortimer
- Goodwood Homecare, Bridgnorth
- Surecare, Bomere Heath



Through our meetings with home care providers we picked up on a few themes across the home care sector in Shropshire;

- Recruitment is increasingly difficult for the sector and consistency of care can be difficult to achieve. Providers told us that they try their best to keep staff consistent, particularly for those with Dementia, but as they have a high proportion of part time workers amongst their staff this is not always possible.
- The rurality of the county poses extra problems for providers in respect of travel time
- Hospital discharges can pose problems for providers due to a lack of communication, mixed messages or failed discharges
- For some, technology is making the administrative side of the business more efficient and improving communication

Healthwatch Shropshire also ran a questionnaire for people using home care services in Shropshire. The questionnaire was available online on the Healthwatch Shropshire website and in paper format. The seven home care providers we met with promoted the questionnaire amongst the people using their services. We also did a press release and attended various events to promote the questionnaire. In total we received 102 responses to our questionnaire. We received responses in respect of 10 home care providers operating in Shropshire although the vast majority were in respect of 4 of the providers we met with.

- Service users who responded to our survey were very happy with their experiences in the main:
 - 88% of people told us they found it easy to arrange their care
 - 69% of people did not have to wait for their care to begin

- 83% of people told us they were given a choice over when carers would visit
- 82% of people said that the carers did visit them at the agreed times
- 93% of people felt involved in making decisions about their care and;
- 91% of people told us it was very easy or easy to communicate with their care provider
- Continuity of care was found to be an issue with 24% of respondents telling us they feel that they see too many different carers.
- More people who were funding their own care felt involved in decisions about their care (100%) than people who were receiving council or health funded care (88%). Self-funders were also more likely to feel the carers visited them at the times they wanted (86%) compared with people receiving council or health funded care (79%).
- 6 people added negative comments about issues with the timing of calls, calls being late or changed.
- 25 people added positive comments about their care telling us that their carers or care provider are excellent or very good or that they are satisfied with the service they receive.

Limitations of the Project

Whilst it is apparent from the comments made that a large majority of people who completed the questionnaires are satisfied with the care they receive we do feel that the results of our questionnaire are skewed towards the positive by the fact that home care providers volunteered to be involved in the project and promoted it to service users themselves. Those service providers who value their service user's views and the learning they can take from their feedback are already likely to have a good standing with their service users.

Our project was planned to include some informal focus groups to take place at lunch clubs, day services and coffee mornings involving our Authorised Representatives visiting these services and speaking to people who use home care services about their experiences. We had also planned to undertake a staff survey to get the views of people working in the sector. Both of these aspects of the project had to be put on hold due to the situation with COVID-19 in March 2020. We hope to repeat the project in future and include these aspects of research.



Details of Project

Service	Home care provided within Shropshire
Commissioner	Shropshire Council
Dates of project	All activity completed between December 2019 and March 2020

Purpose of Project

HWS receives very few comments regarding domiciliary care or home care (18 over the last 3 years). We have previously tried to gather comments about these services through a hot topic but the response was limited. A hot topic is targeted activity looking at one particular aspect of health and social care and inviting views from the public. We wanted to give people receiving domiciliary or home care a chance to give their views. We were also looking to build up a picture of the sector in Shropshire, what works well here and what are the challenges from the perspective of people using services, the staff and the providers. There are over 80 registered domiciliary care providers in Shropshire providing care to around 3,500 people.

Disclaimer

Please note that this report relates to findings gathered during this project. Our report is not a representative portrayal of the experience of all service users, staff or home care providers. Good practice examples highlight what we were told about by service users or providers during the project but should not be taken to mean that this good practice is not present in other home care providers.

What we did

Healthwatch Shropshire met with 7 home care providers who deliver care services within Shropshire. These meetings took place between October and December 2019. We wanted to speak to the providers to see what was working well for them in the county and what challenges they were facing. We also wanted to ask providers to promote our questionnaire amongst the people they provide care to. Each meeting lasted around an hour.

We put together a questionnaire for people using home care services. We asked for feedback on our questionnaire from Shropshire Partners in Care¹ who helped us refine our questions.

Our questionnaire ran from November 2019 until March 2020. We gave out paper questionnaires at events and promoted our online questionnaire to contacts. We published a press release about our project and questionnaire on 2nd December.

We received 102 responses to our questionnaire. We received completed questionnaires in respect of 10 care providers however the vast majority, 92%, received were from service users of four of the providers we met with. 52% of responses were in respect of just one provider; Bluebird Care.

Provider	Meeting	No of completed questionnaires
Allcare, Pontesbury	Yes	13
Allenby Douglas, Oswestry	Yes	1
Bluebird Care, Bayston Hill	Yes	54
CLCA, Condover	Yes	1
CM Bespoke Care, Cleobury Mortimer	Yes	18
Goodwood Homecare, Bridgnorth	Yes	9
Surecare, Bomere Heath	Yes	0
Home Instead	No	1
New Dawn Care	No	1
Homelife	No	1
JK Care	No	1
Beaumaris	No	1
No agency name	N/A	1
	Total	102

¹ <https://www.spic.co.uk/>

Part 1: What home care providers in Shropshire told us

Recruitment

The main issue raised by all home care providers who we spoke to was recruitment. Most providers said that recruitment was getting increasingly difficult. We were told by a provider who worked in Birmingham as well as Shropshire that it is 'easier to recruit in Birmingham, it decreases into Shropshire'. Providers all felt they are 'competing for good staff' which was difficult as they all offer similar pay and conditions.

It was felt that more needed to be done to 'raise the profile' of domiciliary care with some providers feeling there was a 'stigma' in society attached to being a carer.

Online recruitment



Providers told us that advertising online using sites such as Indeed.com would lead to lots of applicants 'clicking through to show they are applying' however there would be hardly any applicants to interview. One provider gave an example of three people expressing a wish to join their company online but when applications were sent out none were returned.

We were told by several providers that Facebook is the online platform that works best for them for recruitment. This is sometimes used as an online version of 'word of mouth recruitment' through their existing staff promoting their job opportunities.

Word of mouth

Most providers told us that they find word of mouth recruitment works well for them with one saying 'word of mouth is best'. Two providers told us that they run a bonus scheme for referring somebody to come and work for the company. They find that these schemes work well.

Jobs fairs

Providers told us that they have found job fairs 'not very useful' for recruitment in the care sector. We were told about a jobs fair which took place in Shrewsbury which was only attended by one person. We were also told that one provider had 'paid £200 for a stand at a jobs fair and got no recruitment from it'.

Job Centre

One provider told us they had built up a good relationship with their local Job Centre however many of the providers agreed that applicants from the Job Centre would quite often be no shows at interview which was frustrating when companies are investing their time in recruitment. We were told ‘lots don’t turn up’.

Apprenticeships and College

Some providers told us that they found that young people were ‘not work ready out of college’ after having done health and social care courses. Placements on these courses can be difficult as the students often don’t want to work on Friday and Saturday evenings.

We were also told that people on apprenticeships can’t do much due to their working hours and their age.

DBS

We were told that DBS checks can take as long as 8 weeks to come back during busy periods. This causes a real delay in the recruitment process. This information is in line with the expected timescale stated on the Disclosure Barring Service website.²

References

We discussed references with some providers. One provider, Surecare, had championed the use of a standard reference form across the sector which would provide additional information for employers. Providing references which only give dates of employment and no additional information such as the reason for the person leaving can be seen as a safeguarding issue as it could leave a new employer at risk of employing somebody unreliable or, in a worst case scenario, untrustworthy.

Other providers agreed that they try to provide more information when asked for references but that they often only receive a statement that the person was employed from one date until another when they send for references.

Pay and conditions

‘We don’t want to base decisions on financial issues,’ we were told by one provider, ‘money is not the bottom line but we do have to be profitable.’

One not for profit provider told us that as they did not have to focus on making profits they were able to invest in a senior care team of four staff who were able to cover shifts, answer questions outside office hours and who know the staff and the service users well.

² <https://www.gov.uk/dbs-check-applicant-criminal-record/get-a-standard-or-enhanced-dbs-check-for-an-employee>

One provider told us that they had received a 3% increase on their hourly rate from the council in a year when the national minimum wage had gone up 4.9% and mandatory pension contributions had come into force. These increases were difficult to account for. We were told that CQC registration costs has also increased a lot over recent years.

All providers told us that they pay their staff travel time and mileage and this is not paid by the commissioner but is covered in the hourly rate paid. With Shropshire being such a rural county there can be large amounts of travelling involved for care staff and this made some 'call outs not sustainable'.

Providers discussed arrangements whereby several contracts in an area could be 'bundled' together so that the provider would not have to pay so much travel and mileage between calls. All providers agreed that where it is possible for this to happen it is helpful.

One provider raised the issue of the condition of roads in Shropshire and said that this was a concern for their staff due to the damage to their cars when travelling between visits. Staff are unable to claim for any damage.

One provider mentioned that they felt that they were often supplying costings for packages and then not receiving any feedback or response from the commissioner.

It was generally agreed amongst four providers who we spoke to that the Local Authority was better at communication when it came to contracting than the CCG.

Technology

We asked providers about technology or software they use within their work. Several told us that they use a software package to create their rotas and one provider told us the same system is used for HR and to convert the rotas in to pay roll. Their staff are paid from the rotas and use paper timesheets when out on calls. They have had demos of two app based systems but worry about the phone signal in the area for a mobile system.



Another provider told us that they were trying out different software solutions but were concerned whether it would work for them as they have a rural office and cover areas with poor signal. They also felt that some of their staff were not 'IT savvy' and would not find any new technology easy to manage. They were undecided whether to go ahead with one of these packages as it is a big investment for them although they could see that it might help them keep track of their staff more easily which would be good for lone working and also save money with less paperwork and postage.

One provider we spoke to uses an app for staff to sign in at calls and finds this works very well. They can view the calls in real time and can see at a glance if a member of staff has not signed into a call. If they see this they will contact the staff member to see if they are going to be late or have just forgotten to sign in. If they get no answer from the member of staff they will contact the client. The system they use also has all care plans and records online so staff can make their notes directly in the app. They told us ‘we feel this frees up more time for staff to be with clients’. They don’t find problems with mobile blackspots and ask staff just to send a text if they don’t have enough signal to get on to the app.

The software packages discussed included:

- CM2000³
- Birdie⁴
- Caresolve⁵

Continuity of Care

Continuity of care was recognised by most providers as one of their biggest challenges. We were told by several providers that they do ‘try to limit packages to a certain number of staff’ or that they ‘try to keep to a small team for people, especially those with Dementia’.

Providers spoke about the number of part time staff they have and that this means clients are seeing ‘many different people’. Some providers have explained to their clients why they can’t have the same carer.

The CQC also look at continuity of care when undertaking inspections - providers felt that they also lose sight of staff being part time.

We were told by several providers that they ‘very rarely’ miss a call. One provider told us that their office staff are also carers and they use them as a back up to cover calls. Their Team Leaders also step in to cover calls when needed. Another provider told us ‘the key is rotas; staff get the hours they want and clients get the times and carers that they want.’

Hospital Discharges

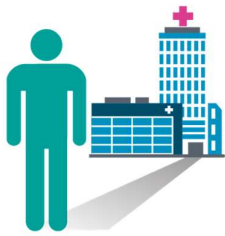
³ <https://www.cm2000.co.uk/provider-monitoring>

⁴

https://www.birdie.care/?utm_source=google&utm_medium=cpc&utm_campaign=brand&utm_content=BM

⁵ <http://www.caresolve.org.uk/>

‘We are aware we can be part of the problem with bed blocking as we don’t want to take on hospital discharges.’ We were told this is due to many failed discharges with people going back into hospital the same day or next day. Providers will have staff on the rota and then not get paid when this happens. ‘There should be compensation for failed discharge, we would be more willing to take them on in this case.’



We were told by a provider that where a client goes into hospital for more than 2 weeks when they are ready for discharge their care package goes back on to the brokerage system. It is rare that the provider who was caring for them previously will lose the package but that could happen.

We were told that there is a lack of continuity for the patient. The person who is requesting their care has never met the patient and it can be very difficult to speak to anybody who has knowledge of the person. The level of care a person needs after a hospital stay can increase a lot.

There are problems with poor communication and lack of continuity. We were told ‘the Social Worker will say they are fit for discharge then the Occupational Therapist says no. As a provider we are left to advocate for people - sometimes preventing failed discharges by providing extra input.’

One provider told us that hospital discharges are the most difficult care packages to take on as they find that sometimes ‘people come out of hospital and they are not ready. They need more care or they shouldn’t be at home’.⁶ They have also found that the person may not have suitable equipment at home or that they have been ‘told they can’t go home without a care package but the person doesn’t want care’.⁷

A provider explained that another issue with hospital discharges is that the investment in providing a package all takes place before the care is provided as they produce the care plans, meet the person or relative or social worker, undertake induction and then produce the rota with the staff on and then the person can end up back in hospital the same day or the next day.

⁶ Response from The Shrewsbury and Telford Hospital NHS Trust - ‘An assessment is completed by the Multi-Disciplinary Team (MDT) and this is the information provided by the acute trust to the local authority teams who are the decision makers when it comes to a patients final destination and care provision provided. It must be recognised that every day a patient remains medically fit in hospital they will decondition and needs may vary by point of discharge if care provision is difficult to source in a particular area.’

⁷ Response from The Shrewsbury and Telford Hospital NHS Trust - ‘Comments regarding a difference of opinion of a patient being medically fit does happen especially if this is around their therapy status rather than the patients’ medical status. This is then a conversation as a whole MDT to discuss the patient’s on-going care needs.’

Staff Training

Induction

Providers told us about their induction training packages. These varied in length - all included some time spent at the office and some in house training. At one provider the initial induction involved 4 hours spent in the office, for another this was 1-2 days. Providers mentioned the following included in their induction training:

- Principles of care
- Personal care
- Dementia awareness
- Ethos and standards
- Admin

Mandatory Training

Two providers specifically mentioned Moving and Handling and First Aid as courses which they use external training providers to deliver.

Another provider showed us their fully equipped training room where they deliver in house training including Moving and Handling. It contained moving and handling equipment including a hoist and hospital profiling bed.

We were told by several providers that Shropshire Partners in Care (SPIC) were 'great for training'. One provider also mentioned Shropshire Council's Joint Training.

Distance Learning

One of the providers we spoke to told us that they do not use distance learning at all. Another provider told us that their office staff trial all distance learning packages to check the content and how effective the training is before they ask any care staff to complete courses.

Qualifications

Providers told us that their staff complete their care certificate within the first 3 months of their employment and that many staff have QCF⁸ Level 2 or higher. One provider told us that 80% of their staff have QCF 2 or higher and they have three carers working for them who have QCF Level 5.

⁸ The Qualification and Credit Framework (QCF) replaced National Vocational Qualifications (NVQ) in 2010. QCF has since been replaced by RQF in 2015 however many people still use NVQ or QCF to refer to these qualifications.

Support for Staff

Supervision

One provider told us their staff have supervision at least annually, more if any issues are raised.



Team meetings

Care providers told us about their team meetings with some holding weekly meetings for senior care teams and quarterly meetings for all staff. At other care providers smaller teams get together for meetings, some of which are client specific.

Most providers operated an open door policy so that staff can always pop in to their offices for a chat. Offices were open 9-5 Monday to Friday, but some also opened their offices on weekends and bank holidays.

Mental Health Support

One provider told us that they have some staff who have had mental health issues and they have offered extra support and signposted them to other services available. They have a member of staff who is a qualified Mental Health First Aider and is available if staff want to talk about any issues they have.

Feedback

Two providers told us about their surveys for staff, one doing spot surveys and another undertaking surveys at training sessions delivered in house. Another provider told us they do an annual staff survey.

Communication

We asked providers how they communicate with their staff. One provider mentioned that they have WhatsApp groups for general chat amongst their staff. Another provider talked about Facebook for group chats and for quick messages for staff asking others to cover shifts. One provider said their staff ring in to the office if they need to get shifts covered.

One provider did tell us that 'communication comes up in their staff surveys'.

Quality Assurance

Two providers told us about their annual questionnaire sent to all their clients, one of these providers also sends a questionnaire 6 weeks after they have started providing the care.

Another provider told us that they do a survey every six months where they do visits to all clients to go through the survey with them and then follow up on anything that is rated less than a 3 out of 5.

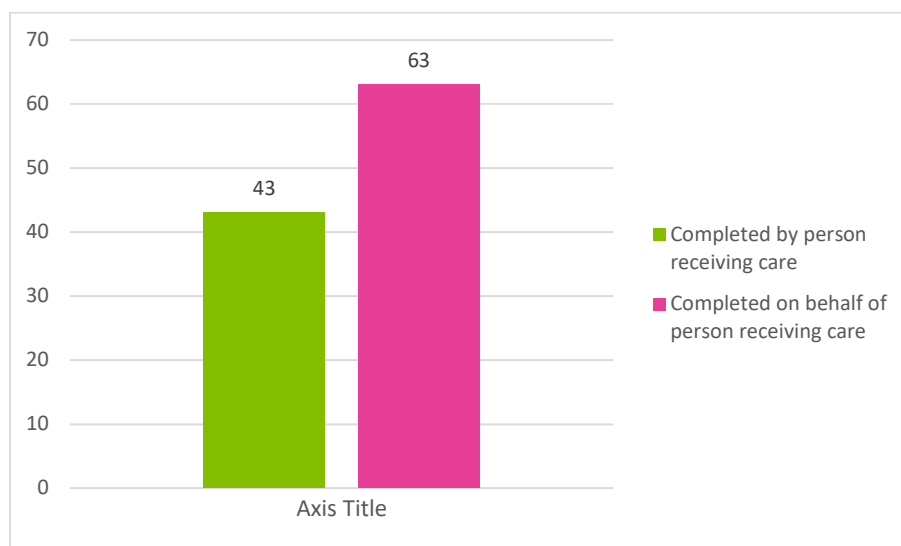
We are 'proud of our service' one provider said as they have a good response rate to their annual client questionnaire and always act on the responses received. One provider told us of their 'Carer of the Year' Award that clients vote for. They have had a 60% response rate for this and have decided to future to add staff pictures to the voting slip to encourage more people to take part.

A few providers acknowledged that sometimes their staff do help some clients complete questionnaires at their request and this might influence the results they get.

Part 2: What people using home care services in Shropshire told us

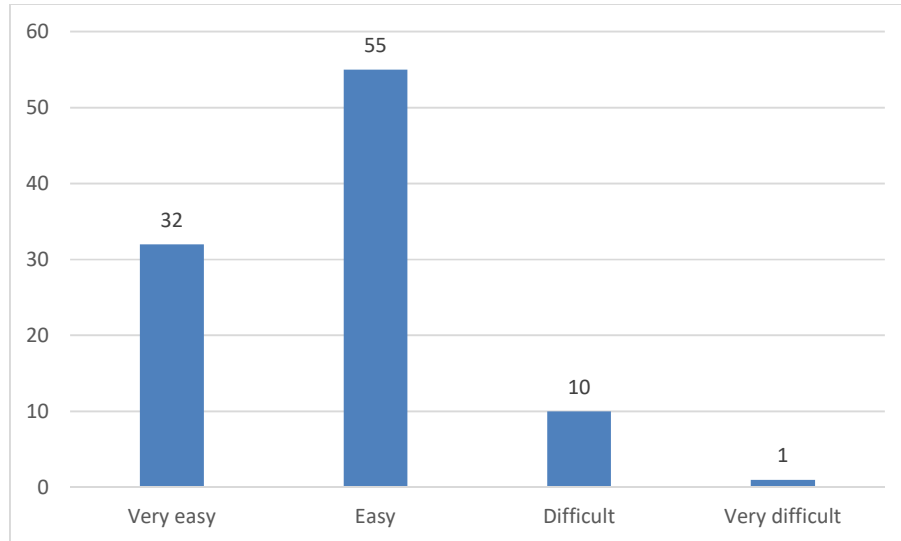
We received 102 responses to our questionnaire, both online through our website and in paper format. The paper questionnaires were given out by some of the providers we met with and also by our volunteers and other engagement contacts. We received responses in respect of 10 different providers however the vast majority completed and returned were in respect of four providers; Allcare, Bluebird, CM Bespoke Care and Goodwood Care.

Who were the questionnaires completed by?



Note: a few responses ticked both options for this question so the total is higher than 102.

Q1a How easy did you find the process of arranging care?

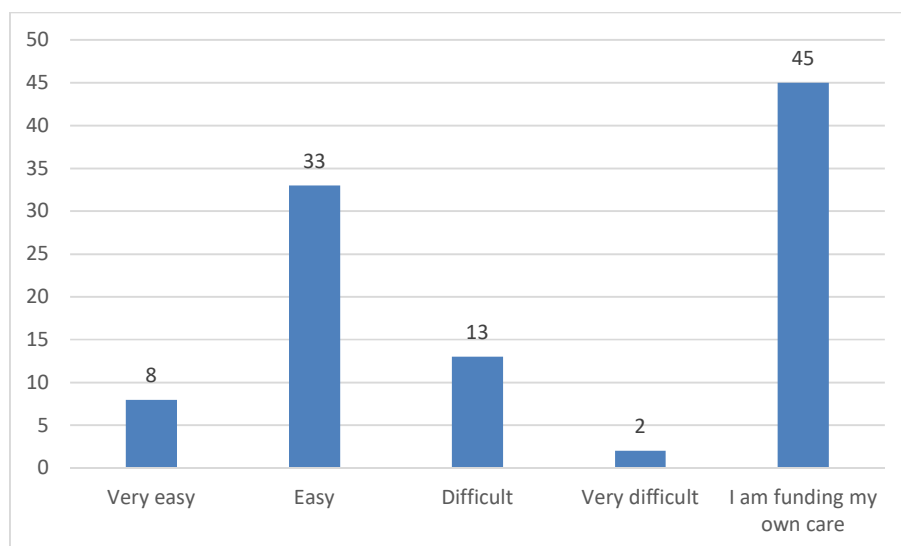


55 of the 98 people who answered this question found it easy to arrange care. 32 people told us they found it very easy to arrange care. 10 found it difficult and one person found the process very difficult.

Some additional comments people made included:

- “We had to wait quite a while for assistance”
- “Long process involving disability services to get a regular routine”
- “It was difficult to know who to contact to arrange care, a lot of phone calls had to be made”
- “My daughter arranged it all without any problems”
- “Social worker dealt with all paperwork”

Q1b How easy did you find the process of arranging funding?



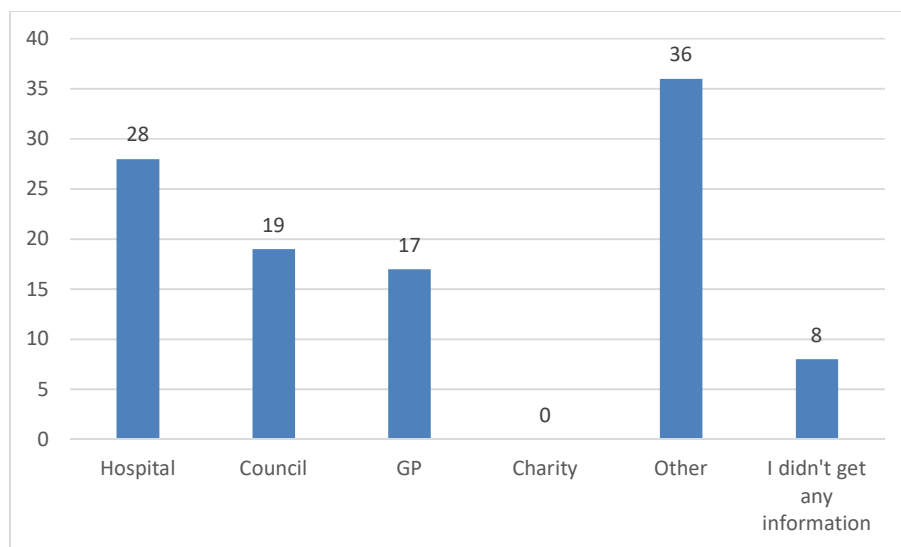
45 people who responded to our questionnaire told us they were funding their own care. 33 people told us that it was easy to arrange funding and 8 said very easy. Comments included:

- “My son set this up, satisfactory”
- “Shropshire Council social worker arranged it”

13 people told us it was difficult to arrange funding for their care. Additional comments on this included:

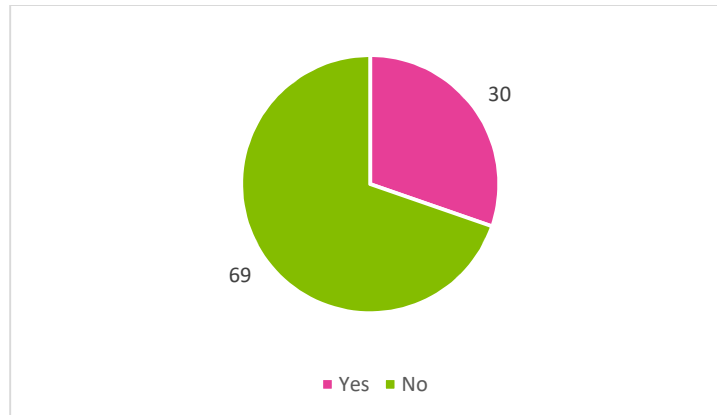
- “Complex form filling and need for detailed evidence was time consuming. Staff at Shropshire Council were very helpful when a reducing capital situation made it essential to apply for financial help.”
- “took forever impossible to understand”
- “It’s not easy to get into the system, I had been caring for my husband for many years and was desperate for help. It took visits to the Dr and many phone calls. Once in the system, it’s not so bad. I am a reasonably intelligent person who finds all the forms daunting. Don’t know how some person would cope (Too many different agencies are involved and it never seem like you are speaking to the correct one).”
- “Much detailed material / evidence needed which was complicated to collect. Several personal conversations with SCC department and long delay followed by jogging up calls from me.”

2. Where did you get information about home care from?



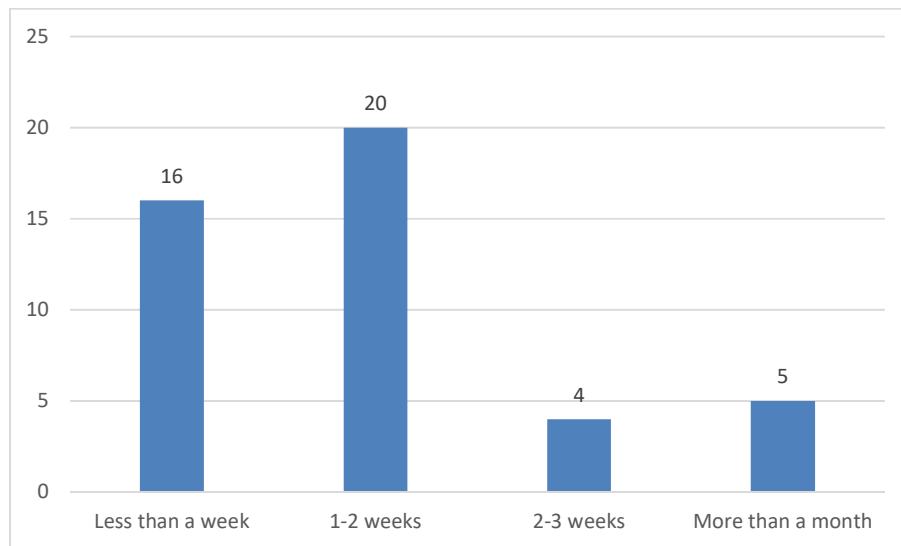
Most people (36) told us that they received information from a source other than the options we gave. 8 people felt that they hadn’t been given any information. The rest received information from the Hospital (28), Council (19) and GP (17).

3. Did you have to wait for your care to begin?



The majority of people (70%) felt that they did not have to wait for their care to begin.

4. How long did you have to wait for care to begin?

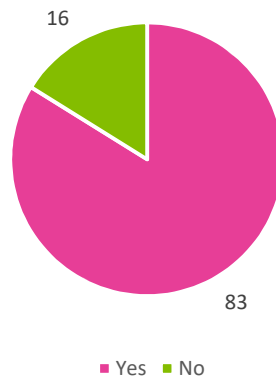


For those who did have to wait for their care to begin 20 people said they waited between 1 and 2 weeks. 5 people waited for longer than a month.

5. Choice

We asked people whether they were able to make certain choices about the care they received.

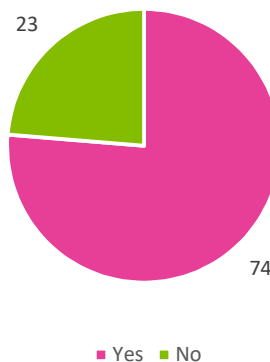
5a. Were you given a choice over when the carers would visit?



The majority of people (83 people or 81%) said that they were given a choice over when the carers would visit them. 16 people felt that they hadn't been given a choice.

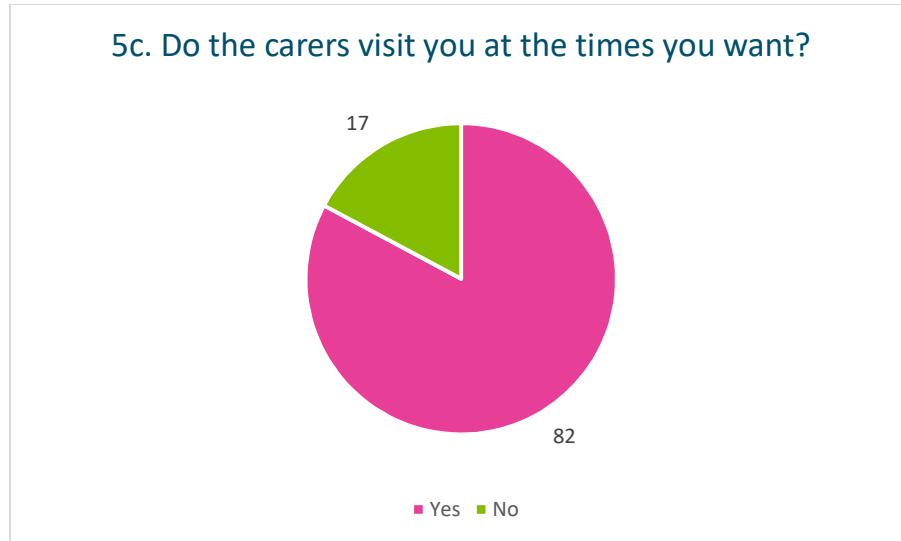
The percentage of people funding their own care who felt they have been given a choice over when the carers would visit was the same at 81%.

5b. Were you given a choice over how long your visits would be?



Less people told us that they were given a choice over how long their visits would be but it was still the majority of people (74). 23 people told us that they were not given a choice over the length of their visits.

90% of those funding their own care felt that they had a choice over how long the visits would be. Only 64% of people receiving funded care said they had been given a choice. Length of visits will be decided by an assessment of need for funded care packages.

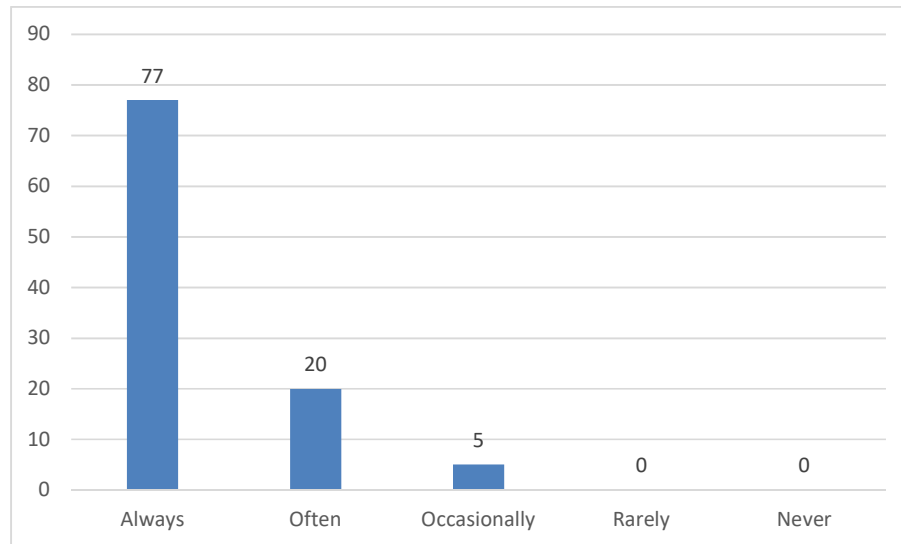


For this question the results reflected the responses to Question 5a) with 82 people agreeing that the carers do visit them at the times they want which may show that the care providers are sticking well to agreed times for visits. 17 people felt that their carers did not visit them at the times they wanted although for 16 of these people this is likely to be because they were not given a choice over when the carers would visit. 86% of people funding their own care felt that the carers visited them at the times they wanted, compared to 79% of people whose care is funded by the council or CCG.

Additional comments for Section 5 on Choice included the following:

- “We have changed the care to include a shower but this is scheduled for 11:45 which is late.”
- “Morning and lunch calls are too late”
- “We have repeatedly asked for a later visit time, especially in the mornings but it has fallen on deaf ears.”
- “Carers don't always visit me at the time I would like. I would have preferred an earlier morning call but no availability.”
- “The visit time depends on what shift, sometimes, they may be short staffed or have an emergency at another customer home.”
- “The carers visit me at the time I want most of the time.”
- “It works out, list of carers and times are emailed each week so we know when they are coming.”
- “The carers come at the time I want except when emergency makes it difficult.”

6. Do the carers have enough time to assist you as needed?



Responses to the question ‘Do the carers have enough time to assist you as needed’ were positive in the majority with 77 people telling us the carers always have time to assist them as needed and 20 people saying they often did. 5 people felt that the carers only occasionally had time to assist them as needed. Nobody who responded to our questionnaire felt that their carers ‘rarely’ or ‘never’ had enough time for their visits.

Additional comments on this question included:

- “All very friendly, if they have time they help me with cleaning.”
- “Enough time allocated to carry out the tasks. Not all carers carry them out or read what is on app but majority do.”
- “Regular carers who know the routine always have enough time. Those who come infrequently need constant prompting and only have just enough time.”
- “When showering in the morning, it can take longer than the time allocated”
- “Never rush us, have plenty of time for us.”
- “Carers come to assist with dressing daily and showering twice weekly, ample time allowed.”
- “Sometimes the carers are late, they tell me they have no travel time, then I feel rushed and I cannot be rushed.”
- “Due to the need to move on to the next scheduled client, there are things missed (e.g. hair wash) or hurried, especially in morning’s first call. This is a time when client needs to go more slowly.”

- “But they leave early never stay the full 30 mins, the carers have said dad is an easy visit. They are meant to prepare lunch and have never as dad says its ok but he has Alzheimer’s so just do it. They ask if any washing, dad says no, just get it and check food in fridge is not out of date. If you are Dementia trained why do they ignore their duties because he says he’s okay?”⁹
- “Always in a rush for the next visit, don’t stay the agreed hours”

7. Do you feel you see the same carers regularly for your visits?

58 people told us that they do see the same carers regularly for visits; of these 35 people answered ‘yes’ to this question and 23 answered the question positively with answers such as:

- “Yes, on the whole except for school holiday times”
- “Yes, fairly regularly and this helps a lot”
- “Yes, even though there are lots of them, we now have got used to them and they are all very helpful and easy to get on with”
- “More often than not, no complaints”

25 people told us that they do not see the same carers regularly. Of these 8 people answered ‘no’ to the question and 17 people gave more information such as:

- “There are a large number of different carers”
- “Some continuity but then goes random other weeks. Rotas are printed but rarely get carer is says on it”
- “Have been having a carer each morning for 1 hour for 6 months and have met 30 carers thus far. This has settled to a cohort of 8-10 for the last 2 months”
- “No, change of staff is high so no continuity”
- “Although told who will come (informed by post), it is a different person on the rota each week”
- “My mother has up to 15 carers per week. As she has dementia, it would be easier for a team of 5 or 8.”

⁹ When we shared the draft report the Provider responded to this comment ‘The gentleman in question’s dementia was deteriorating and although he was telling the carers he didn’t want certain things done it was clear to the family he couldn’t do the things himself. We discussed how we were going to progress with the care package without making the gentleman feel we were not listening to his wishes. The approach we made seemed to work and we have built a good relationship with him and the family.’

There were 10 neutral responses or responses indicating that people did not see the same carers but either felt this was unimportant to them or they viewed it as a positive thing.

Examples of these responses:

- “This varies according to availability but I know Bluebird tries to accommodate personal preferences.”
- “In patches yes, with a pattern for a week (or so it seems to me). The next week a different batch of carers and the next week different again. Then it goes back to repeat. However it is difficult with illness, emergency, holidays etc. However they always manage to find someone to fill in at short notice.”
- “I don’t mind, they are always good.”
- “No, I am very satisfied and happy with the weekly rota. It gives me opportunity to meet new carers.”

8. Do you feel involved in decisions about your care?



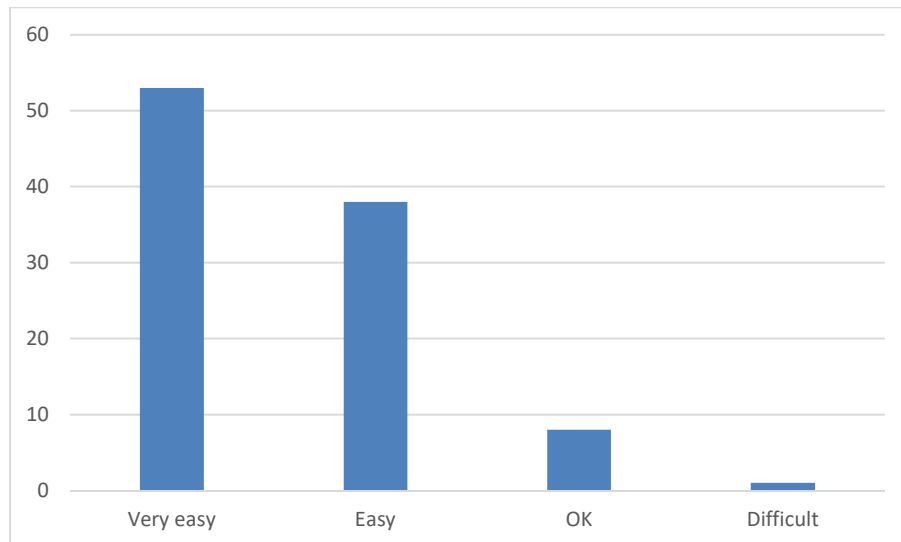
90 people told us that they felt involved in making decisions about their care. 6 people felt that they were not involved. 100% of self-funders who answered this question (41) felt that they were involved in decisions about their care. 88% of people in receipt of council or health funded care felt they were involved.

47 people gave us additional information:

- “I feel in control in decisions made regarding my care.”
- “Reviews are carried out frequently”
- “Always given a choice about food, clothes to wear, personal care ... etc.”
- “I was able to discuss with my family and the care team as to what I wanted in regards to help and assistance.”

- “We were asked what we wanted and they never failed in providing it.”
- “Following the transfer from Worcestershire, it was not until 3 months later that Shropshire visited. They did not review my care, they told me it would continue the same.”
- “After a fall, went up to double call but then put down to single with no assessment or discussions. Still on single, feeling it still needs double.”

9. How easy is it to communicate with your care agency?

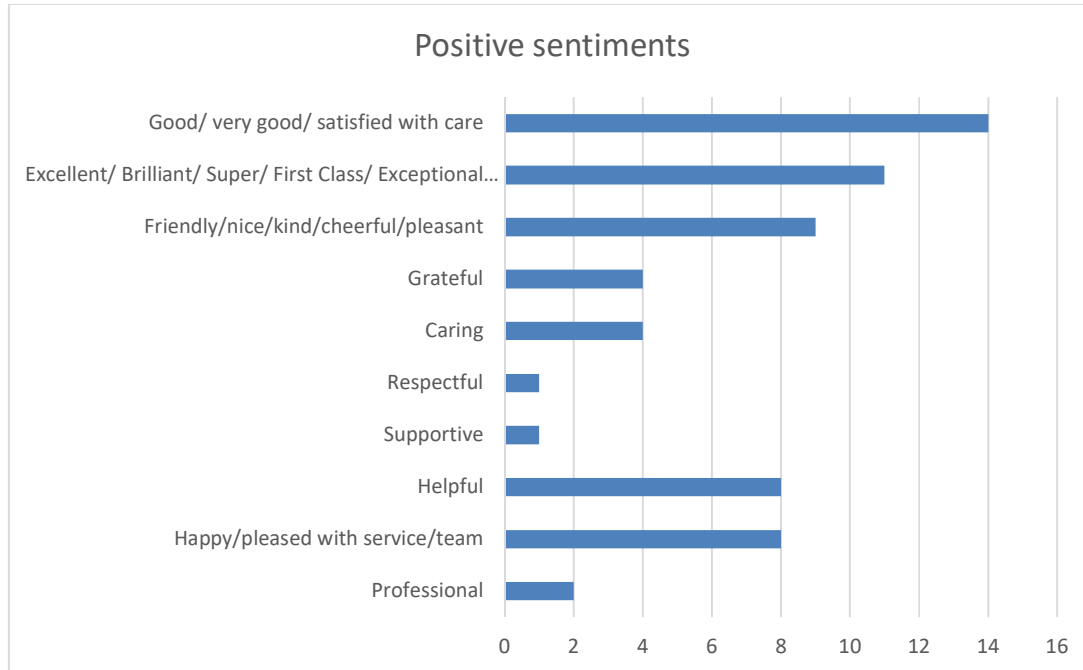


53 people told us that it was very easy to communicate with their care provider and 38 people told us it was easy. 8 people felt that communication was okay and 1 said it was difficult. Some additional comments made in Question 10 related to communication with 3 people mentioning it as a particular issue.

10. Is there anything else you would like to tell us about the care you receive?

We asked people if there was anything else they wanted to tell us about the care they are receiving. 28 people chose not to add anything. Of the people who answered the question there were 55 positive sentiments and 20 negative sentiments. Three of the negative sentiments were about services other than the care from their home care workers and provider.

65% of additional comments made by people funding their own care included positive sentiments whilst 79% of additional comments from people in receipt of council or health funded care contained positive sentiments.

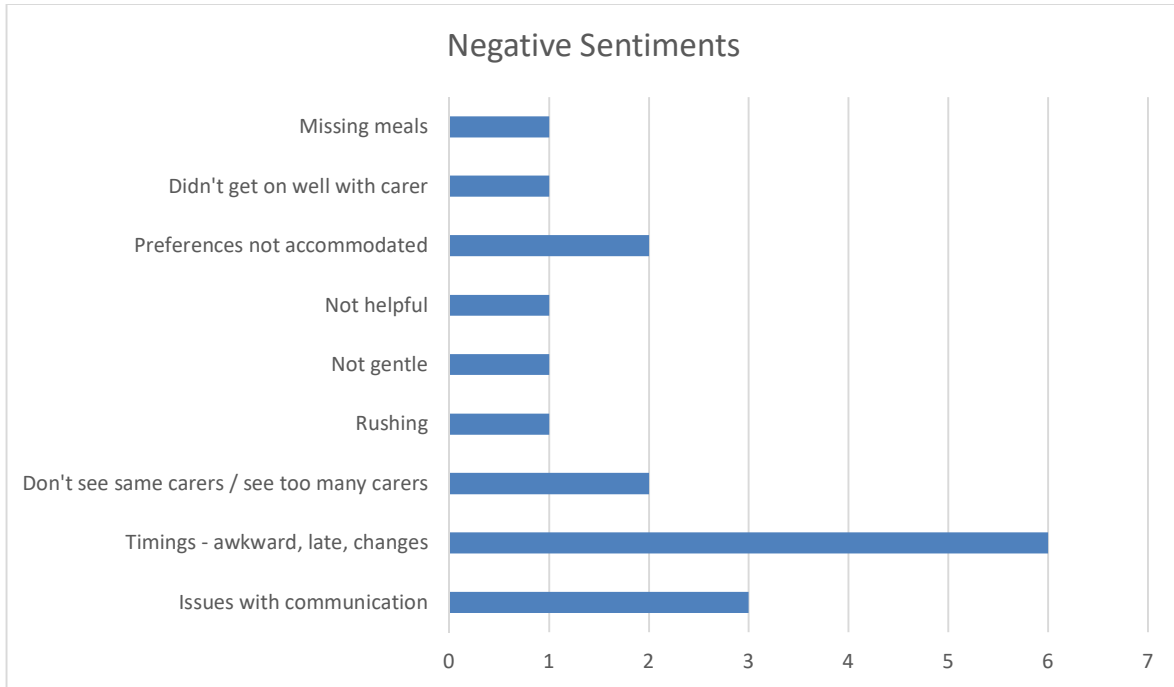


The personalities of the carers were important as 9 people added comments telling us that their carers were ‘friendly’, ‘kind’ or ‘cheerful’, 8 people told us they found the carers ‘helpful’ and a further 4 people described their care staff as ‘caring’. Some comments highlighted the importance of the personal relationship with the carers:

- ‘We have a laugh and a joke. They have taken a shine to my cat.’
- ‘We enjoy the chat. Super!’

Some examples of the positive comments received:

- “Allcare are an outstanding care agency. They try to improve the standards of care they provide. Mum feels that she receives excellent care and enjoy the company of them all. Office staff are also very caring and try to be as adaptable as possible within resources (E.g. large print rota issued to assist mum for vision).”
- “BlueBird care is a super agency, been with them since 2011. Could not do without them, they are always kind and caring. We have been through crises and BlueBird care has always come to my aid with caring for my sister.”
- “I receive excellent care and I will tell others that may need care in the future about the excellent support I receive from Goodwoods homecare and nothing is too much trouble for the carers that I have.”



Some examples of comments with negative sentiments:

- “On the whole good. It's easier if carers are known, some can be rough or not very gentle. Feel they are rushing sometimes.”
- “Communication regarding changes to calls (i.e. Times or carers) can be hit and miss. Continuity of carers could be better especially if any problems or not been too good as could compare how things are from one visit to next without having to tell someone new about something.”
- “I feel some carers would benefit from some basic cooking skills. Also pulling up the top coverlet is NOT making a bed.”

Continuity of care and seeing the same carers came up again in this section highlighting how important this is to people.

Summary of key findings

- Hospital discharges can pose problems for home care providers due to problems with communication, continuity of care, equipment provision and failed discharges.
- Recruitment can be difficult for home care providers in Shropshire. Providers told us that they try their best to keep staff consistent, particularly for those with Dementia, but as they have a high proportion of part time workers amongst their staff this is not always possible.
- Technology such as software and apps for producing rotas, signing in on calls and electronic care plans are proving effective for some home care providers who feel they are freeing up more staff time to spend with service users and improving communication through using this technology. Some providers are concerned about mobile phone blackspots affecting use and the initial cost of the software.
- Service users who responded to our survey were very happy with their experiences in the main:
 - 88% of people told us they found it easy to arrange their care
 - 69% of people did not have to wait for their care to begin
 - 83% of people told us they were given a choice over when carers would visit
 - 82% of people said that the carers did visit them at the agreed times
 - 93% of people felt involved in making decisions about their care and;
 - 91% of people told us it was very easy or easy to communicate with their care provider
- Continuity of care was found to be an issue with 24% of respondents telling us they feel that they see too many different carers.
- More people who were funding their own care felt involved in decisions about their care (100%) than people who were receiving council or health funded care (88%). Self-funders were also more likely to feel the carers visited them at the times they wanted (86%) compared with people receiving council or health funded care (79%).
- 6 people added negative comments about issues with the timing of calls, calls being late or changed.
- 25 people added positive comments about their care telling us that their carers or care provider are excellent or very good or that they are satisfied with the service they receive

Recommendations for all home care providers in Shropshire

We recommend that all home care providers:

- Acknowledge that there can be difficulties with consistency of care for people and consider explaining the reasons for this at the commencement of a package
- Consider ways to encourage a personal connection between people receiving care and care staff where consistency of care cannot be achieved
- Consider ways to improve communication with customers, families and staff perhaps through the expanded use of technology
- We recommend that all partners involved in arrangements for hospital discharges look at ways to improve coordination and communication to reduce the chances of failed discharges occurring

Provider Responses

Shropshire Council

Shropshire Council welcomes this report on Home Care in Shropshire, carried out as an Enter and View project by Healthwatch Shropshire.

Whilst recognising the limitations that the nature of domiciliary care and the Coronavirus Pandemic placed on the project, we feel that the report is a valuable insight into the home care market.

We are pleased that in general, the experience of the great majority of people receiving home care services from the providers detailed was a positive one, however we recognise that achieving feedback from people using the full range of home care services will be an important next step.

We recognise the themes of recruitment, rurality and hospital discharge picked up by the project as an ongoing challenge and we are working with Shropshire Partners in Care (SPiC) and the wider health and social care system in actively trying to address those issues with the aim of achieving better outcomes for the people of Shropshire.

We accept your recommendations for all home care providers and we will consider how best we support providers in those areas. Continuity and consistency of carers is one of the most important things for people receiving support but a challenging issue to address in home care.

The Council look forward to continuing to work together with Healthwatch to make positive change across the health and social care sector.

Deborah Webster
Service Manager - Commissioning & Governance
Shropshire Council

The Shrewsbury and Telford Hospital NHS Trust

The Trust is working to improve patient's experience of discharge from hospital through a number of initiatives, some examples of this include:

- SaTH has employed more Patient Journey Facilitators to support in overseeing the patient journey through their stay in hospital and the subsequent discharge. This should enable a point of contact for all parties to ensure a better line of communication between all involved especially the patient.
- Enhanced discharge summaries have been introduced to improve communication between the Trust and Primary Care.

- Patient pathways have been developed to provide specialised rehabilitation in community hospitals.
- To improve coordination of patient discharges during the COVID period a new Integrated discharge hub has been established to meet the COVID requirements, this facility has meant all parties involved in a patient discharge are collated in one facility to improve swiftness of process and MDT discussions in a real time manner preventing unnecessary delays and improved communication.
- The Discharge Team hold twice daily Microsoft Teams meetings with all system partners to review all patients who are deemed medically fit and ensure plans for discharge are in place in a timely manner.

Surecare

Nice report glad we could have some input.

Shropshire Partners in Care (SPiC)

Shropshire Partners in Care (SPiC) welcomes this largely positive insight into the provision of domiciliary care services across Shropshire and its pleasing to see that SPiC Members got involved to support this report.

At SPiC we regularly hear of the challenges faced in providing care at home from our Members and these are well summarised in this report, for example recruitment of staff, increased costs of delivering care in rural areas in particular and also the importance of full and accurate information to support safe discharge from hospital. These are all areas SPiC continue to support our Members with and this report from Healthwatch further raises the profile of these challenges and highlights them to a wider audience.

Acknowledgements

Healthwatch Shropshire would like to thank all the Domiciliary Care providers who were involved with the project, those people who took the time to complete our questionnaire and provide us with their feedback and staff at Shropshire Council and Shropshire Partners in Care for their support.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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Appendix A - Home Care Questionnaire

If you know the name of your care agency please write it here:

I am the person receiving care

I am completing this questionnaire on behalf of the person receiving care

Please circle all answers that apply to you.

1a) How easy did you find the process of arranging care?

Very easy

Easy

Difficult

Very difficult

1b) How easy did you find the process of arranging funding if it was necessary?

Very easy

Easy

Difficult

Very difficult

I am funding my own care

Please give details:

2. Where did you get information about care at home from?

Hospital

Council

GP

Charity

Other

I didn't get any information

3. Did you have to wait for your care to begin?

Yes

No

4. If yes, how long did you have to wait for your care to begin?

Less than a week

One - two weeks

Two - three weeks

More than a month

5. a) Were you given a choice over when carers would visit?

Yes

No

5. b) Were you given a choice over how long your visits would be?

Yes

No

5. c) Do the carers visit you at the times you want?

Yes

No

5. d) If no to questions 5a, 5b or 5c above please give further details

6. Do your carers have enough time to assist you as needed?

Always

Often

Occasionally

Rarely

Never

6. a) Please give details

7. Do you feel you see the same carers regularly for your visits?

8. Do you feel involved in decisions about your care?

Yes

No

8a) Please give details:

9. How easy is it to communicate with your care agency?

Very easy

Easy

OK

Difficult

10. Is there anything else you would like to tell us about the care you receive?

Thank you

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