

Social Care Assessments

Experiences of social care
assessments during COVID-19

February 2022

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Executive Summary

1. Healthwatch Manchester were commissioned by Manchester City Council to conduct interviews with people who have had a social care assessment since the beginning of the COVID-19 pandemic, and to investigate the effectiveness of telephone and virtual assessments in comparison with face-to-face assessments.

2. Interviews were conducted over the telephone by Healthwatch Manchester staff and trained volunteers.

3. Following the conclusion of our interviews and the analysis of the responses, a total of 5 key findings were identified. These key findings can be summarised as follows:

- Overall, our participants felt very happy with the quality of their assessment. The satisfaction score recorded from both groups was very high and the comments we received reflected this.
- There were no systemic issues with the discharge process from either group and there was no significant level of complaints. The small number of complaints we did receive appeared unrelated to the type of assessment (telephone or face-to-face).
- The overwhelming majority of respondents were very satisfied with the outcome of their assessment. Participants were very thankful for the changes that had been made to improve their circumstances as a result of the assessment, and the small number of complaints we did receive related to the waiting time for the adaptations to be completed.
- Many of our participants made a point of praising the work of the staff who conducted their assessment.
- The face-to-face assessment was the preferred option of our participants for future assessments. However, it is worth noting that none of those participants who had a telephone assessment raised any complaints about that method.

Recommendations

1. People requiring a social care assessment should continue to be provided with different options relating to how the assessment will be carried out.
2. The gap between assessment and the implementation of aids and adaptations to the property is minimised as much as possible, and that people are made aware of who to contact if they have any issues.
3. Given the small number of participants interviewed for this project, it would be beneficial to broaden out the parameters of recruitment and to re-examine this issue on a larger scale. A wider catchment area would provide for greater diversity within the respondent pool and would allow us to conduct a more in-depth study. Although outside the scope of this project, it would also be beneficial to hear directly from the people who carry out the assessments about the improvements that they feel could be made. Healthwatch Manchester is well placed to examine this issue in greater detail.
4. The methodology employed in this study should be considered when conducting future work of this kind in Manchester. This would also be transferrable to similar pieces of work covering different disciplines.

1. Introduction

1.1 Healthwatch Manchester were commissioned by Manchester City Council to conduct interviews with citizens who have had a social care assessment since the beginning of the COVID-19 pandemic, and to investigate the effectiveness of telephone and virtual assessments in comparison with face-to-face assessments.

1.2 The report is aimed at highlighting the experiences, both positive and negative, of citizens in order to improve social care assessments in the future.

2. Background & Rationale

2.1 Manchester City Council conduct social care assessments for residents who need extra help or support due to many potential factors. These include a need for social care after a fall or accident, while recovering from an operation, illness, disability, or a major life change.

2.2 The onset of the COVID-19 pandemic in March 2020 and the subsequent restrictions led to a number of changes to the way in which these social care assessments were carried out. Face-to-face contact was restricted and other assessment methods had to be utilised, such as the telephone.

2.3 Manchester City Council commissioned Healthwatch Manchester to find out the views of people who have had recent social care assessments and to report back our findings.

3. Methodology

3.1 Healthwatch Manchester produced an advertising flyer that was distributed by Manchester City Council to the relevant citizens. In order to encourage as many respondents as possible, gift vouchers worth £20 were offered as a thank-you for their participation.

3.2 A survey was designed by Healthwatch Manchester staff and volunteers that would allow citizens to fully outline their experiences of being discharged into care. The survey had 9 questions (excluding demographic questions) and took an average of 15 minutes to complete.

All of the surveys were completed via a telephone interview and were conducted by either a Healthwatch Manchester staff member or a trained volunteer. In total, 11 people were interviewed.

5 of our participants had a face-to-face assessment, whilst 5 reported having had a telephone assessment. 1 participant chose not to disclose how their assessment was conducted.

3.3 All of our participants consented to their experiences being used in this report. A demographic breakdown of our participants is as follows:

- Gender: Men (6), Women (5)
- Age: 60+ (6), 45-59 (5)
- Does the participant have a disability: Yes (10), No (1)

- Ethnic origin: White British (7), White & Black Caribbean (1), Pakistani (1), Other Asian (1), White Irish (1)
- Sexual orientation: Heterosexual (4), Gay man (1), Prefer not to say (6)

4. Results

4.1 First, we asked our participants how they felt about the quality of the assessment. We asked them to provide a rating for how well informed they felt, on a scale of 1 to 5, with the average score overall being recorded as 4.1.

For those who had a face-to-face assessment, an average score of 4 was recorded, whilst those who had a telephone assessment recorded a score of 4.1.

We also asked our participants to provide a reason for their answer, and the overwhelming majority of participants from both groups (telephone and face-to-face assessments) provided extremely positive feedback. One participant reported that the staff were “*very professional*” and that they “*could not have done any more*” for them. Another stated that the person who conducted their assessment was “*incredible, very professional, kind and helpful*”, and this was reflective of the overall responses.

However, we did receive two negative comments in total. One negative comment was received by a participant who had a telephone assessment, who informed us that they felt the assessor “*didn’t listen to my answers*”. This was the only issue raised by those who had a telephone assessment and unfortunately this participant did not provide any further information regarding this complaint.

The only issue raised by a participant who had a face-to-face assessment related to the accuracy of information. This respondent informed us that they felt “*misrepresented*” when they found out what the assessor had reported about the session, and that they should have been given an advocate as they “*find it difficult recording and retaining information*”. This individual also told us that they did not feel the assessment process was “*transparent*” because they were unable to get hold of information regarding their case, as they had requested.

4.2 We then asked participants how satisfied they were with the outcome of the assessment. We asked participants to provide a rating for the quality of their experience, on a scale of 1 to 5, with the average score being recorded as 4.

Those participants who had a face-to-face assessment reported an average score of 3.6, whilst those who had a telephone assessment reported an average score of 4.4.

Like with the previous question, we also asked participants to provide a reason for their score. The overwhelming majority of comments we received about this issue were very positive from both groups. One participant, whose assessment was conducted over the telephone, stated “*all of my requirements were met*”, whilst others outlined the positive changes that had been made to their property as a result of the assessment. A different participant, who also had a telephone assessment, reported that the assessor was “*really good*” and “*took great consideration of how I was feeling*”. The participant then described the adaptations that had been made to their property and how satisfied they were. A different participant said that the service was “*excellent*”, and that it took “*the pressure off the individual and their family*”.

Regarding the lower score recorded by people who had a face-to-face interview, this seems to have been the result of a number of issues experienced by four respondents. One stated

that, following their first assessment, wrong information was submitted as this related to a different person. Three participants raised concerns about the amount of time it had taken after the assessment to receive the necessary adaptations or further assessments. One told us that whilst they were happy with the way the assessment had been conducted, they were still waiting for social services to accept the referral for a second assessment. They also had a small problem with the sizing of one adjustment after the required adaptations arrived, although this had been quickly resolved. A different respondent, discussing the length of time they were waiting for adaptations to be made, informed us “*staff were great but the system is problematic*”. Another participant stated that it “*took too long to put actions into place*”, as it was 18 months from the assessment to the necessary work being undertaken.

4.3 We then wanted to know if there were any further comments that they would like to make about the outcome of the assessment.

The vast majority of comments either echoed the remarks made in the two questions above, with these respondents stating that they were happy with the outcome and/or had no further comment that they would like to make. One particularly satisfied respondent stated that “*nothing more*” could have been done for them and that the person who completed the assessment was “*amazing*”. None of our participants who had a telephone assessment made any negative comments regarding this question, with one respondent from that cohort stating that the assessment via the telephone was “*a lot more convenient*” and that he would be concerned about any online assessment.

However, we did receive one negative remark, which was from a respondent who had a face-to-face assessment. This participant informed us that they were unhappy with their care package and that they disagreed with the outcome of their assessment. Their mental health requires that they receive consistent support but they do not feel that this has been provided.

4.4 Next, we asked participants which type of setting they would be happiest with if they were to have another assessment in future. They were given the options of face-to-face, online (video call), telephone or a combination of all three.

8 participants chose face-to-face, 2 chose the telephone and 1 did not wish to make a selection. All of those who had a face-to-face assessment chose that as their preferred future option. Out of those who had a telephone assessment, 3 chose a face-to-face assessment as their preferred future option, whilst 2 chose a telephone assessment.

4.5 We then asked participants what the assessor did well.

The overwhelming experience of our participants was again very positive. One participant stated that their assessor “*provided an excellent service, and they kept to the timelines which they had set to complete their tasks*”. A different participant stated that their assessor was “*very friendly and helpful*”, whilst another said that they were “*articulate, kind and non-invasive*”. These comments are representative of the overall feedback from both groups.

However, we did receive two negative responses to this question. One participant, who had a face-to-face assessment, simply stated that the person who conducted their assessment did “*nothing*” well, although they unfortunately did not provide any context to this remark. A second respondent, who had a telephone assessment, stated that they were “*not particularly happy with the process*”, but again, there was no further information provided.

4.6 We then asked our participants if there were any changes that they would like to see made to the assessment process.

As with previous questions, the overwhelming majority of the responses were positive, with no suggested changes forthcoming. *“No faults at all for me”, “no it was all great” and “no, it was great thank you”* are representative of the majority of responses.

However, we did receive a small number of comments that identified areas requiring change. We received one negative comment from a telephone participant. This participant felt that more listening was required from the staff to the needs of the patient rather than to their families wishes.

For those who had a face-to-face assessment, one participant felt that there *“needed to be accountability for staff”*, and that the assessment process was *“too target-based and focused on saving money”*. A different participant stated that *“adjustments needed to be completed as promised”*.

4.7 Finally, we asked our participants if they had any other comments that they wanted to make about their overall experience.

The overall feedback indicated gratitude toward the staff and satisfaction with the whole process. *“Everyone has been very helpful throughout”, “grateful for all the support” and “grateful, thanks very much”* are comments representative of the feedback from both groups. One participant, who had a telephone assessment, told us that his overall experience was *“fantastic”*.

We did receive one response from a participant who had a telephone assessment indicating that they would like any future assessments to be conducted in person, although they did state that they would be happy with a telephone call. They ended their contribution by saying *“everyone was very professional and friendly. I’m happy with the outcome”*.

A further participant stated that they would need an advocate to assist them with their communication as they find it difficult to remember information. They were unsure where to go for help, stating that *“there was no independent advocacy in Manchester as the Gaddum Centre is council-funded”*.

5. Key Findings

1. Overall, our participants felt very happy with the quality of their assessment. The satisfaction score recorded from both groups was very high and the comments we received reflected this.
2. There were no systemic issues with the discharge process reported from either group and there was no significant level of complaints. The small number of complaints we did receive appeared unrelated to the type of assessment received.
3. The overwhelming majority of respondents were very satisfied with the outcome of their assessment. Participants were very thankful for the changes that had been made to their situation as a result of the assessment and, as above, the small number of complaints we did receive concerned issues unrelated to the type of assessment.
4. Many of our participants made a point of praising the work of the staff who conducted their assessment, which is reflected in the section above.

5. The face-to-face assessment was the preferred option of our participants for future assessments. However, it is worth noting that none of those participants who had a telephone assessment raised any complaints about that method.

Acknowledgements

Healthwatch Manchester would like to thank Manchester Local Care Organisation for their cooperation and help with this investigation.

We also want to thank all the volunteers who took part in this work:

Niky Moolchandani Adwani

Katie Lall

Abbie Storan



Canada House
Chepstow Street
Manchester
M1 5FW

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

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