

healthwatch

Kingston upon Hull



The Recommissioning of Home Care Services In Extra Care Summer 2021

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1 Introduction

About Healthwatch Kingston upon Hull

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

2 About the Engagement

Introduction

What is Extra Care?

Extra Care housing combines accommodation with care and support services to enable people aged 18 years and over to live independently for as long as possible. It provides an alternative to residential care or supported housing for people wanting independence but who need care and support to live in their own home. These facilities have a mix of adults of different ages, circumstances and support needs. This type of facility is beneficial for those people who have a learning or physical disability, dementia, mental health and sensory needs; as they are easily adaptable to respond to changing needs so people do not have to move home if their needs did change. Therefore, Extra Care provides a home for life. In total there are 316 Extra Care apartments at three locations across the city:

- Cecil Gardens based on Hawthorn Avenue in the West of the city has 95 apartments.
- Harrison Park, based on Hall Road, Orchard Park, in North Hull, offers 65 apartments.
- Redwood Glades, based on Leads Road, in East Hull, is the largest of the three which has 156 apartments.

Riverside is the landlord for all three sites and Hales Care are commissioned by the Council to deliver the care packages.

What is Home Care?

A Home Care service can be provided on a short term basis, for example, to help a person recover from ill health or when a person is towards the end of their life, or on a longer term basis where a person has a long term health condition or disability, or to support an older person when their physical health deteriorates.

Ultimately, a Home Care service enables a person to live safely and independently in their own home for as long as possible. The types of support available through a Home Care service include help with housework, personal care, meals and food preparation, assistance with medication, cleaning and shopping.

The Care Act 2014 states that anyone who a local council thinks might need care and support is entitled to a health needs assessment, which must be provided free of charge. The assessment is usually carried out by a social worker, or sometimes an occupational therapist, and results in a care and support plan being drafted.

When the local council carries out a health needs assessment, they'll also conduct a financial assessment to see whether the individual will contribute to the cost of providing their necessary care and support. If so, a personal budget is calculated. The personal budget is the amount that the local council will pay towards the care services assessed as being necessary to meet the person's individual needs.

Background

There are currently a total of 1,900 plus people residing in Hull aged 18 and over who have a Home Care service that is commissioned by Hull City Council and 116 of these people live in Extra Care.

Although practical support is very important, there are many more aspects to a person's life that is equally important to ensure good health and wellbeing. Currently Home Care services in Hull are limited to strict times and task activity, for example, assisting a person with personal care at 8am each morning doesn't provide any flexibility for the person to sleep longer, if they wish to. In its current form, this could be preventing people from achieving their goals, aspirations and maintaining independence.

The Care Act 2014 states local authorities must promote the wellbeing of people who need care and support and the outcomes they require. To enable them to do this they will need to understand the outcomes which matter most to people in their

area, and demonstrate that these outcomes are at the heart of their local strategies and approaches. With this in mind, Hull City Council and Hull Clinical Commissioning Group enlisted the support of Healthwatch to engage with existing service users and members of the public to capture their ideas and views to help shape a new Community Wellbeing Service.

The Purpose

The purpose of the engagement was to understand what is important to people and what matters most to them. The engagement focused on service users direct care needs and their experiences of services, and also explored all aspects of their life. This involved listening to people's experiences of receiving services, and exploring other aspects of their daily lives that are important to them including:

- Health and wellbeing
- Social connections
- Relationships
- Hobbies and activities
- Connection to the wider community

By taking a more holistic approach to the discussions, Healthwatch was able to gain a deeper understanding of what is most important to people to live independent fulfilled lives. This information will be used to help design the new service, thereby contributing to the service specification and tendering process.

What we did

To overcome any matters relating to GDPR, Hull City Council made the necessary arrangements to facilitate contact with individuals who already receive a Home Care service.

Healthwatch formulated a letter and leaflet explaining the engagement opportunity for distribution to service users, inviting them to contact us if they wished to take part in a telephone interview. A survey was also developed by Healthwatch, with additional input and approval received from Hull City Council's Adult Social Care team. The survey was divided in to the following sections:

- Wellbeing/satisfaction
- Lifestyle
- Hobbies and Activities
- About your experience
- Thinking about your ideal world
- About the support that you receive
- Community Wellbeing

All materials were made available in a range of other formats for example large font, easy read, and other languages for those people whose first language is not English. All letters were also published in yellow, to act as a prompt. Leaflets and posters were also developed to increase awareness about the engagement.

All tenants residing in Extra Care were invited to participate in the engagement to understand their experiences of the service currently, and also to explore further what individuals would want from a strengths-based approach to service delivery. The same set of questions were posed to those people with an existing care package and to those people who were tenants only. It was felt the latter might give unbiased insights to help shape the new service development.

In addition to completing telephone interviews, we also agreed to recruit members of the public to take part in the tendering process and to form a Reference Group for future consultations relating to Adult Social Care.

Throughout the project we have maintained records of contact made, who we contacted, whether the person agreed or declined to take part in the engagement, the date the interviews took place, the name of the interviewer, and our reach across all our social media platforms. All individuals who have taken part in the engagement have been sent a thank you letter.

To support the engagement, we utilised our existing pool of volunteers to conduct the interviews with individuals; and provided full training, prompts and resources to enable them to effectively fulfil this task. The interviews took place predominantly -by telephone and Zoom, Face to Face and with some people preferring to complete the online survey.

We promoted the engagement across the width and breadth of the City. Details of the engagement were featured prominently on the Healthwatch website and it was promoted regularly via the Healthwatch newsletter and social media. Virtual focus groups were also made available for anyone who wanted more information or needed support in completing the survey.

Our reach through our social media channels was 10,400.

To extend our reach further, we also contacted 60 VCS organisations to promote the campaign to their service users.

The engagement period was from May 2021 to June 2021. 100 people who currently receive a care package in Extra Care participated in the engagement along with 13 Tenants Only who do not receive a care package. In total, 110 responses were received.

3 About your service

This section of the report outlines the responses we received from the surveys and interviews conducted with existing service users of Extra Care.

3.1 - About Your Wellbeing / Satisfaction

Assessing current wellbeing

The ‘Loneliness and ‘Satisfaction with Life’ tools were used to design this section of the survey. This tool measures loneliness and how satisfied a person is with their current lifestyle.

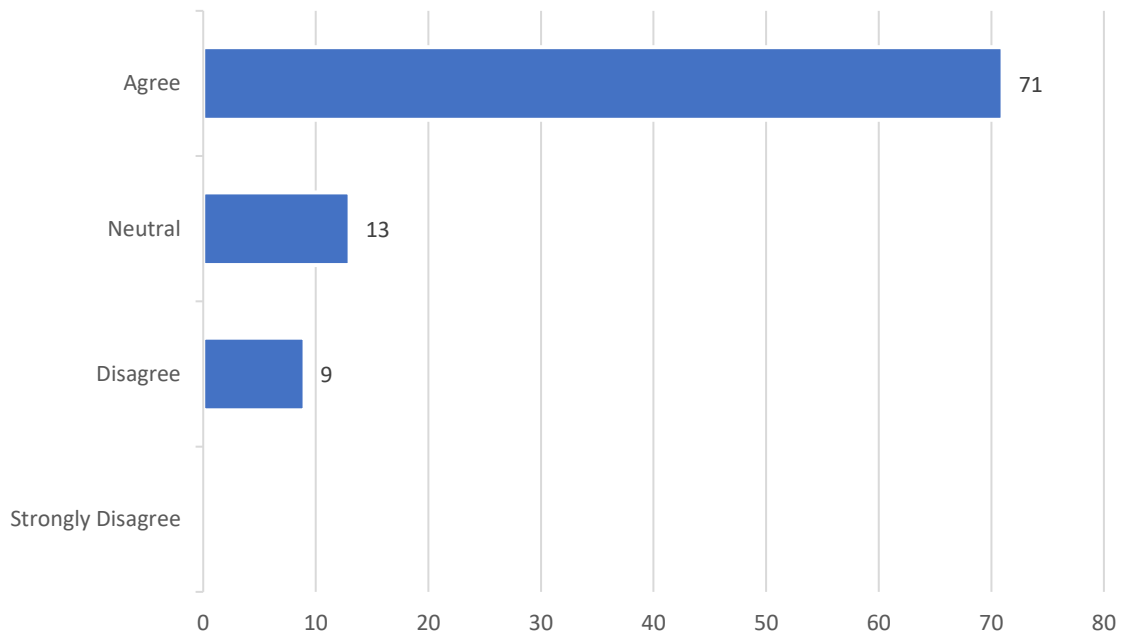
These tools contain graded questions with the scores being added together at the end to determine the level in which someone is experiencing loneliness and how satisfied they are with their life.

With the ‘Loneliness’ tool, it’s believed that someone with a lower score is less likely to be experiencing any form of loneliness whereas someone with a higher score is more likely. Whereas with the ‘Satisfaction with Life’ tool, someone with a lower score is less likely to be satisfied with their life and someone with a higher score is more likely to be satisfied.

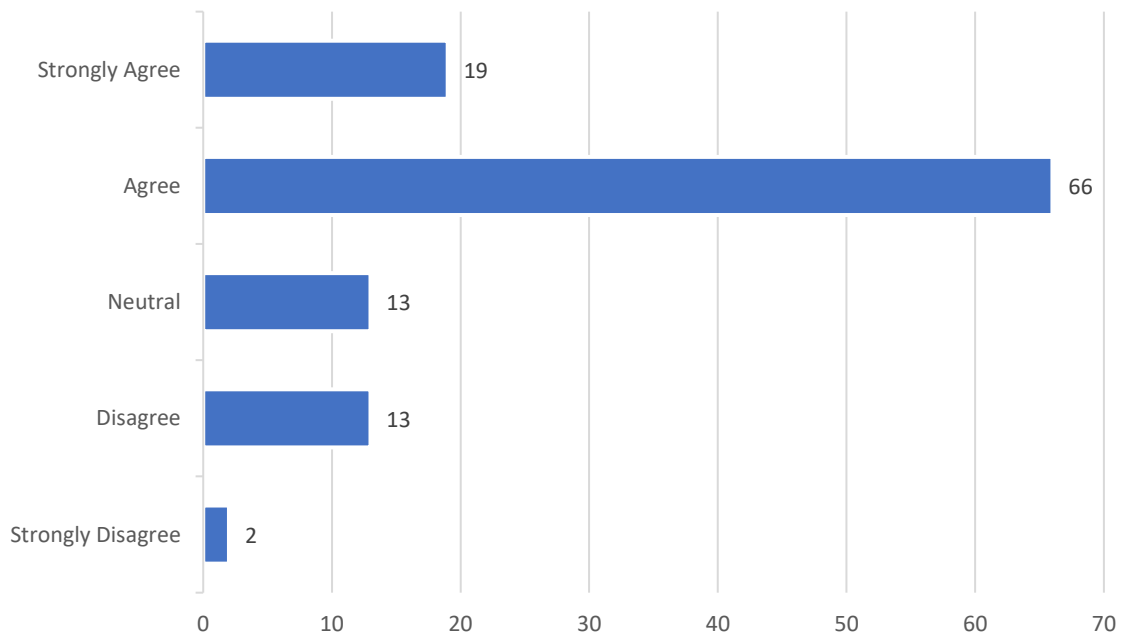
In utilising these tools, a baseline from people’s responses can be established to then benchmark future responses against, which will be of use when coming to evaluate the new approach to home care services once this has been commissioned and implemented.

Loneliness Measure:

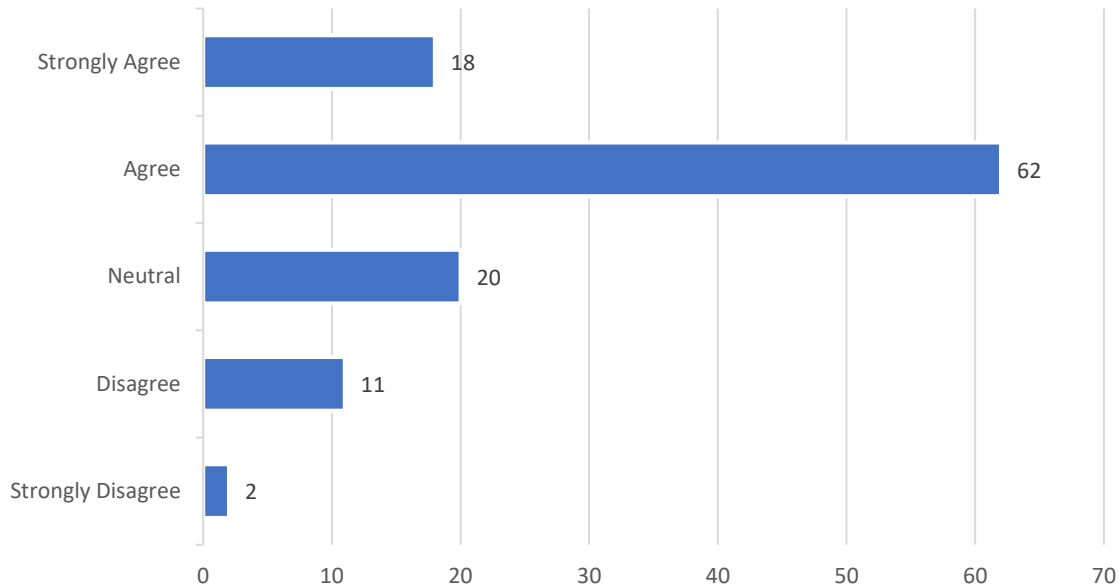
1) I am content with my friendships and relationships



2) I have enough people - I feel comfortable asking for help at any time

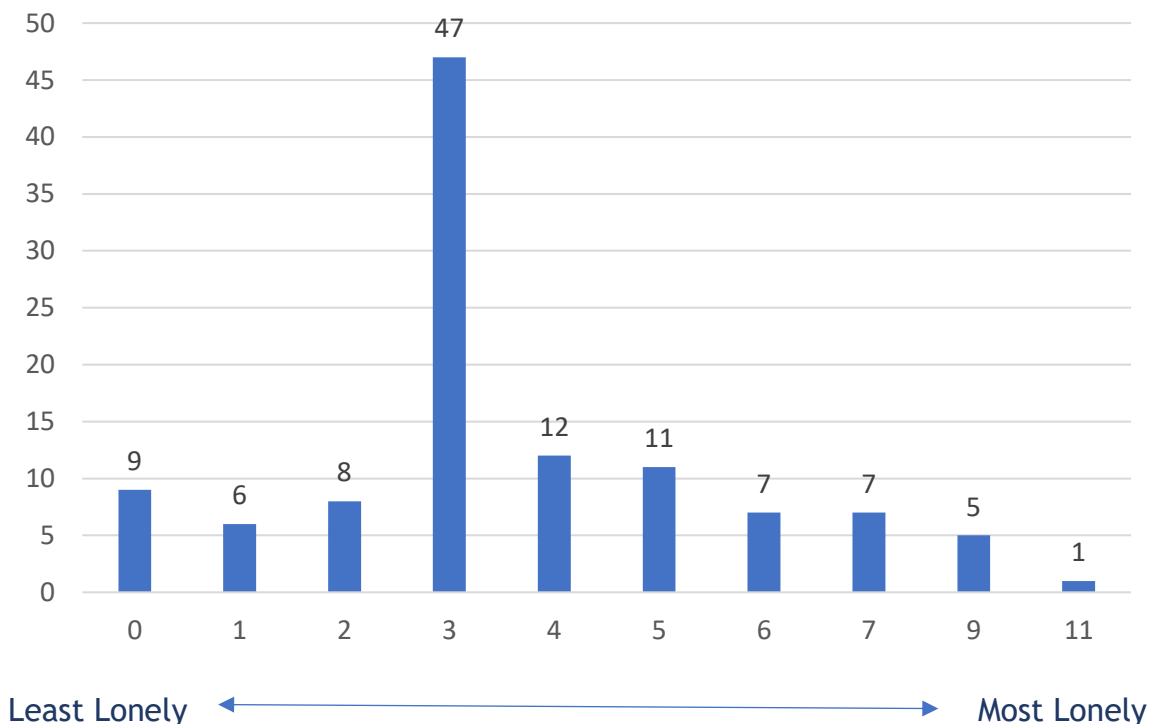


3) My relationships are as good as I would want them to be



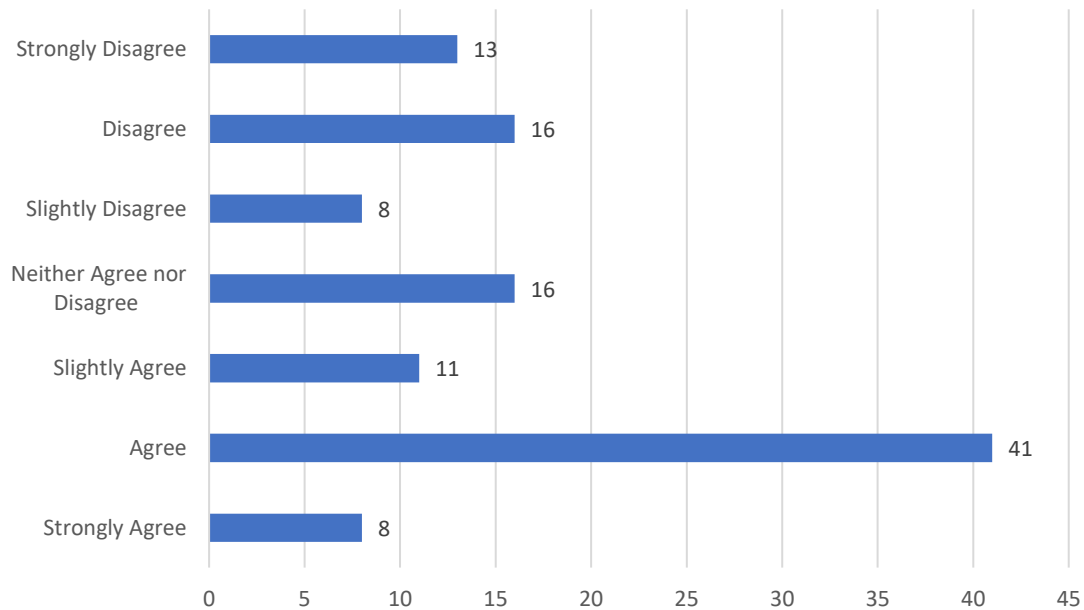
4) The overall total of scores to the above questions

The chart below signals whether individuals felt lonely; the lower the score, the less lonely the individual was likely to feel. The number at the top of each bar is how many individuals chose that particular score.

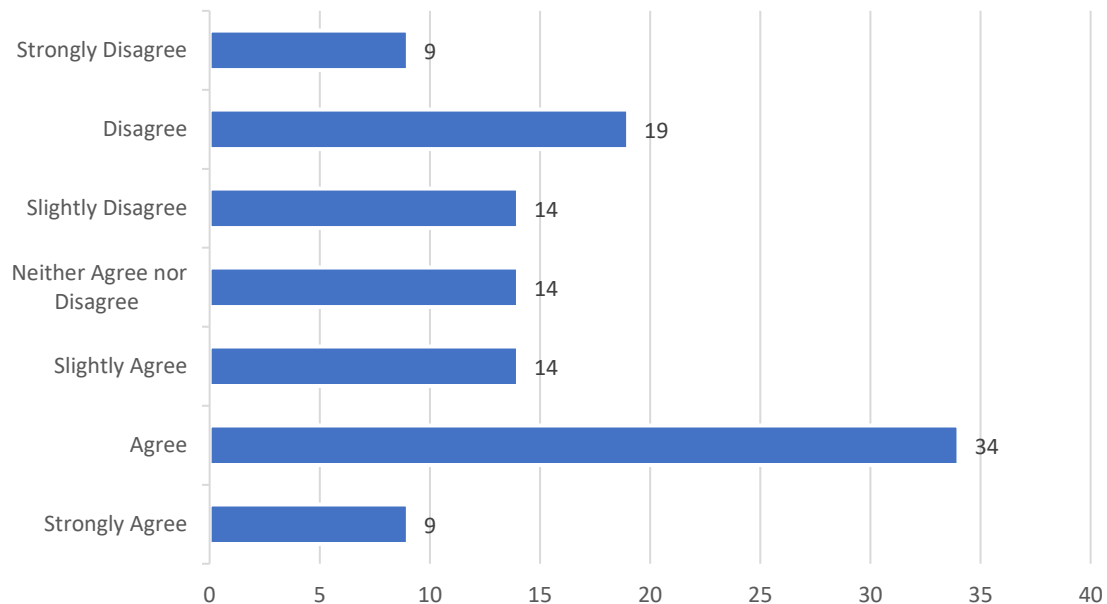


Satisfaction with Life

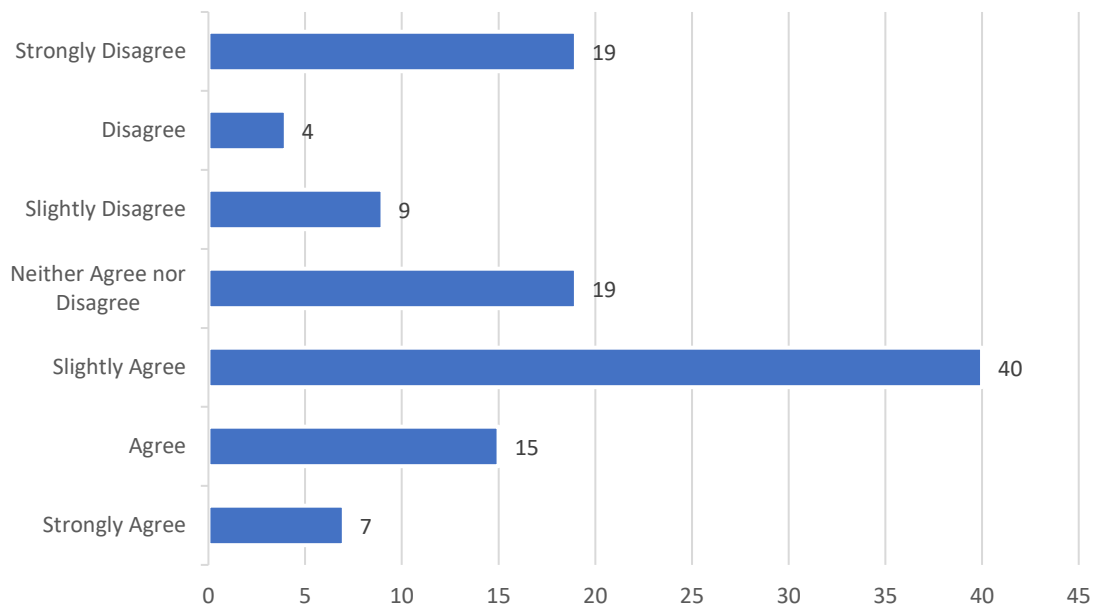
1) In most ways my life is close to my ideal



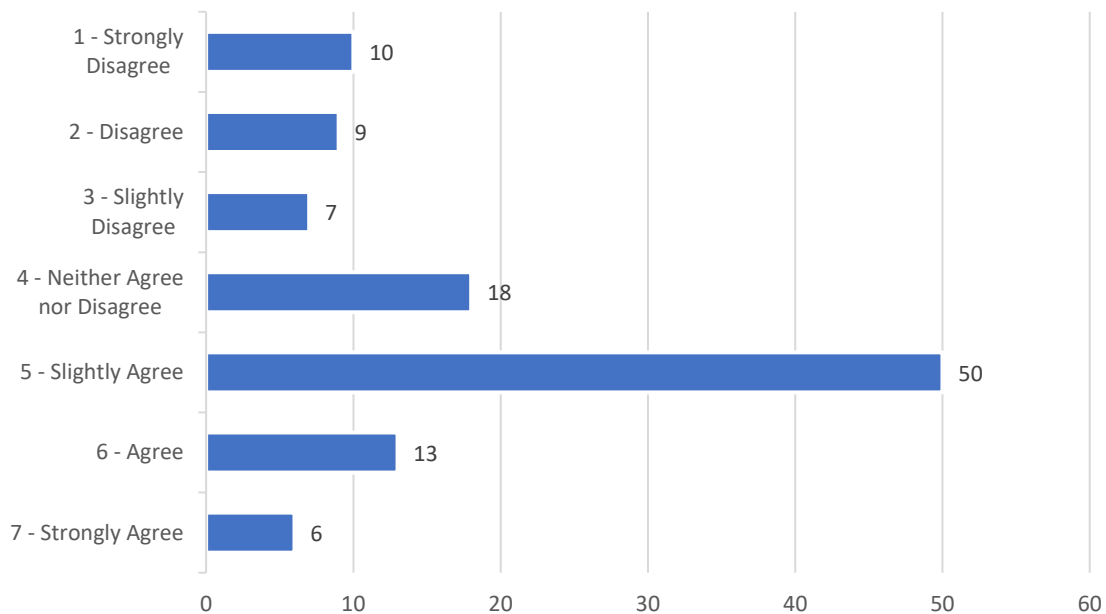
2) The conditions of my life are excellent



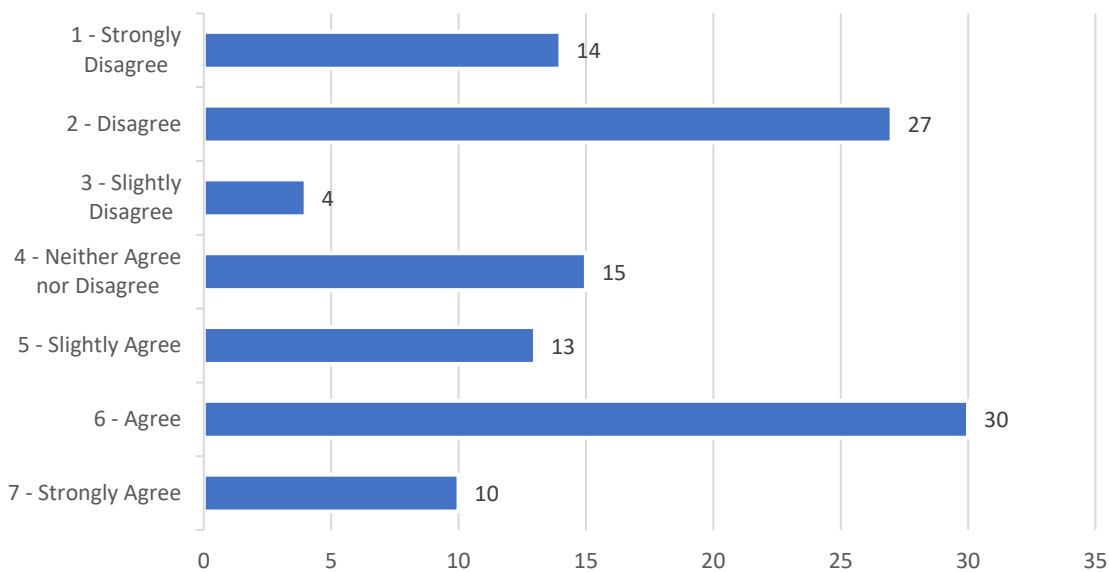
3) I am satisfied with my life



4) So far, I have got all the important things I want in life

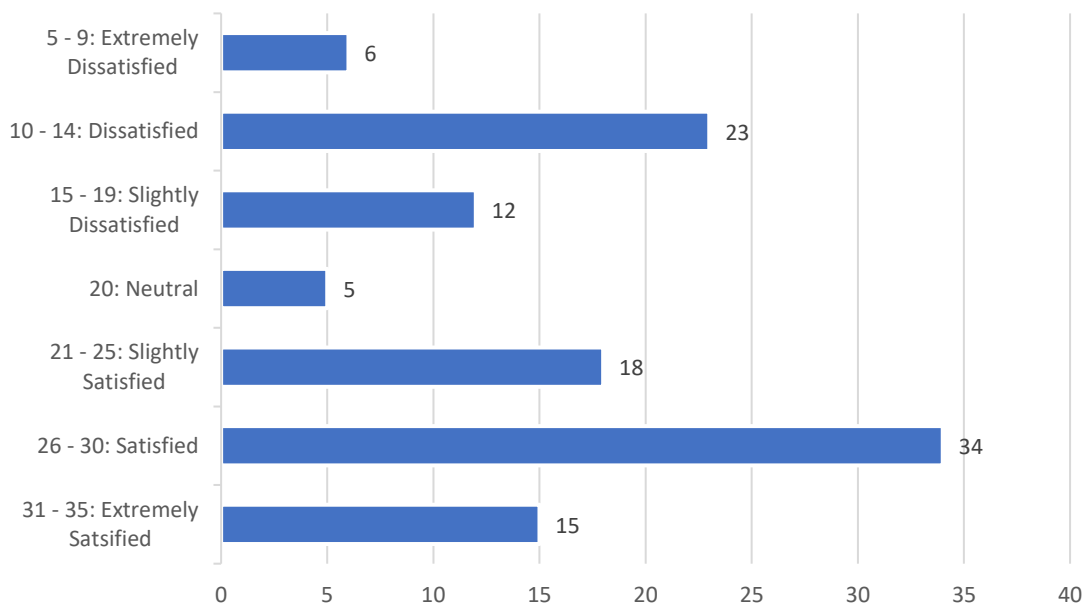


5) If I could live my life over, I would change almost nothing



6) Please select the range which your score falls into

The chart below signals whether individuals were satisfied with the quality of their life; the lower the score, the more likely the individual was to be dissatisfied. The number to the right of each bar is how many individuals achieved that particular score.



3.2 - About your lifestyle

This section relates to the person's lifestyle prior to the pandemic; the type of service Home Care provides; the importance of family, friends and staying connected to their local community; and the importance of hobbies and activities. It also looks at how Extra Care can help to support people with the things that matter most to them.

- 1) **Thinking about before the pandemic and before any restrictions, I would like you to describe what a typical day looked like for you living in Extra Care?**

Mainly Out:

“On Mondays, a PA would take her out to a place of her choice, Tuesdays she would go to the shops aided, followed by lunch. Wednesdays typically saw her at the cinemas or some form of hobby that revolved outside the home. Thursdays and Fridays also meant she had the option to go out. Saturdays and Sundays are for in house activities such as arts and crafts or gardening etc.”

“Go to restaurant, interact with residents, used to meet people down stairs, interact with staff and activities.”

“Get dressed and do different things. Sometimes I would go to shops with someone from my family or sometimes on my own.”

“Dressed, had breakfast - chatted to neighbours, saw friends, used the facilities available within the Unit, went into town to meet up with friends, did shopping.”

“Was able to go out and about quite a lot with family but has only lived in assisted housing since August 2020 and so has not been able to take part in any of the social activities etc since Coronavirus.”

“Go out for a drink and meals with friends from the unit and play bingo- about ten of them used to keep in touch.”

“The carers would take her out shopping quite regularly but has slowed down a bit more recently but hoping to get out a bit more - niece comes every Tuesday”

“Was still working before the pandemic.”

“Used to work as long-distance lorry driver some years ago before diagnosed with Parkinson's Disease and used to ride motorbikes but now at home a lot watching TV.”

“Used to go out regularly to the shops and to Sight Support on Beverley Road where they had different activities on - Prior to July 2020 able to go out more as had guide dog but now has to wait for someone to come around to be able to go out.”

“Used to go out to work and travel around the country a lot before his stroke in 2019 although he does still go out in his motorised scooter to the shops.”

“Social call every Tuesday and goes out with one of the carers to the shops and attend the activities when were able before the pandemic, more limited now.”

“Used to go to all the activities within the unit prior to the pandemic and was able to walk then but lost his mobility early last year so is unable to go out unaided now.”

“Used to go to the gym, go to ASDA after gym to get food, go biking. Play games online. Social calls and go shopping, every Wednesday family would come and visit, has 2 support calls every day.”

“Used to go dancing, art, used to go on days out with daughter, shopping, lunch.”

“Had 'Social' once a week so could go out and used to play ball as part of one of the activities in the unit, enjoyed clothes shopping.”

“Used to go on theatre trips, seaside, craft activities, play tots, musical bingo, attend church regularly - twice on Sunday.”

“Used to go to Maths & English at college which not carried on since lockdown, used to go swimming on a Thursday night and able to restart now. Used to go to Hull Truck to the drama group on a Tuesday.”

“I would go to Matthews Hub on Monday morning, in the afternoon I would go to the Gym and in the evening, I would watch Sky programmes and play games on computer. Tuesday's games. Wednesday's food shopping. Thursday Matthews Hub again. Fridays would stay at home all day, Saturday football training in the morning and Sunday I would go to the pub and have Sunday dinner.”

“Up breakfast, shower, never stayed in always out socialising but have become blind since.”

“Get breakfast downstairs, go in the computer room, have nice lunch, snacks at the corner shop, takeaways - meet family.”

“Used to go out and see family and friends - used to go to karate club, trips out and shopping.”

“Went out shopping, nice walks, met with friends and family, played bingo, met for cups of tea.”

“Would depend on how feeling after breakfast but would sometimes go out at lunchtime or in the afternoon - sometimes to Mass - maybe meet for coffee with friend. Have a car so helps with mobility.”

“Offered activity each day but not always able to attend all depending on health - trips out with friends and family.”

“Sit in the canteen and chat to friends and participated in the activities on offer.”

“Used to go out with daughter, take the children to the park.”

“I enjoy taking my dog for a walk, going to shops and spending time at home.”

Mainly Home :

“Wake up, they would help me get dressed and showered, then I would just watch TV all day ”

“The carers help me to get dressed and eat and most things, but just stay at home watching TV most of the time ”

“Wake up, have help with getting dressed and ready and have breakfast, get picked up by a family member and go to the shops sometimes, have tea made for me, watch TV”

“Keeping in the flat, laying down on the couch, listening to music, watching comedies, trying to lift spirits. No attention span due to depression, used to draw.”

“Her day is still the same as it was pre-pandemic - she has 5 calls a day, breakfast, lunch, tea etc - help with washing and dressing across 7 days - usually in bed or a chair and is unable to walk unaided.”

“I enjoy attending church activities, lost eyesight recently and cannot read which she enjoys doing, carers don't have time to read to me.”

“Similar now to pre-pandemic - Carer's help her up and get washed and dressed, breakfast - able to go out on mobility scooter for fresh air, does bit of shopping - has meals on wheels one day a week through the service instead of restaurant as closed.”

“Used to go down to the restaurant for lunch but as it is closed now having to have meals in room. Previously used to go out with wheelchair and mobility scooter but shielding since as has MS”

“Used to get up early be able to go out shopping, have dinner in the restaurant, go for a shave but has only been out a few times in the last year due to the pandemic, mainly only for hospital appointments.”

“Life before the pandemic was pretty much the same as it is now - tends to do shopping online - and didn't really attend any of the social activities or outings. Is interested in building models from cars, boats etc and watches DVD's.”

“In bed all day as bed bound.”

“I cannot move on my own, so I did not do much apart from seeing my family and watching TV”

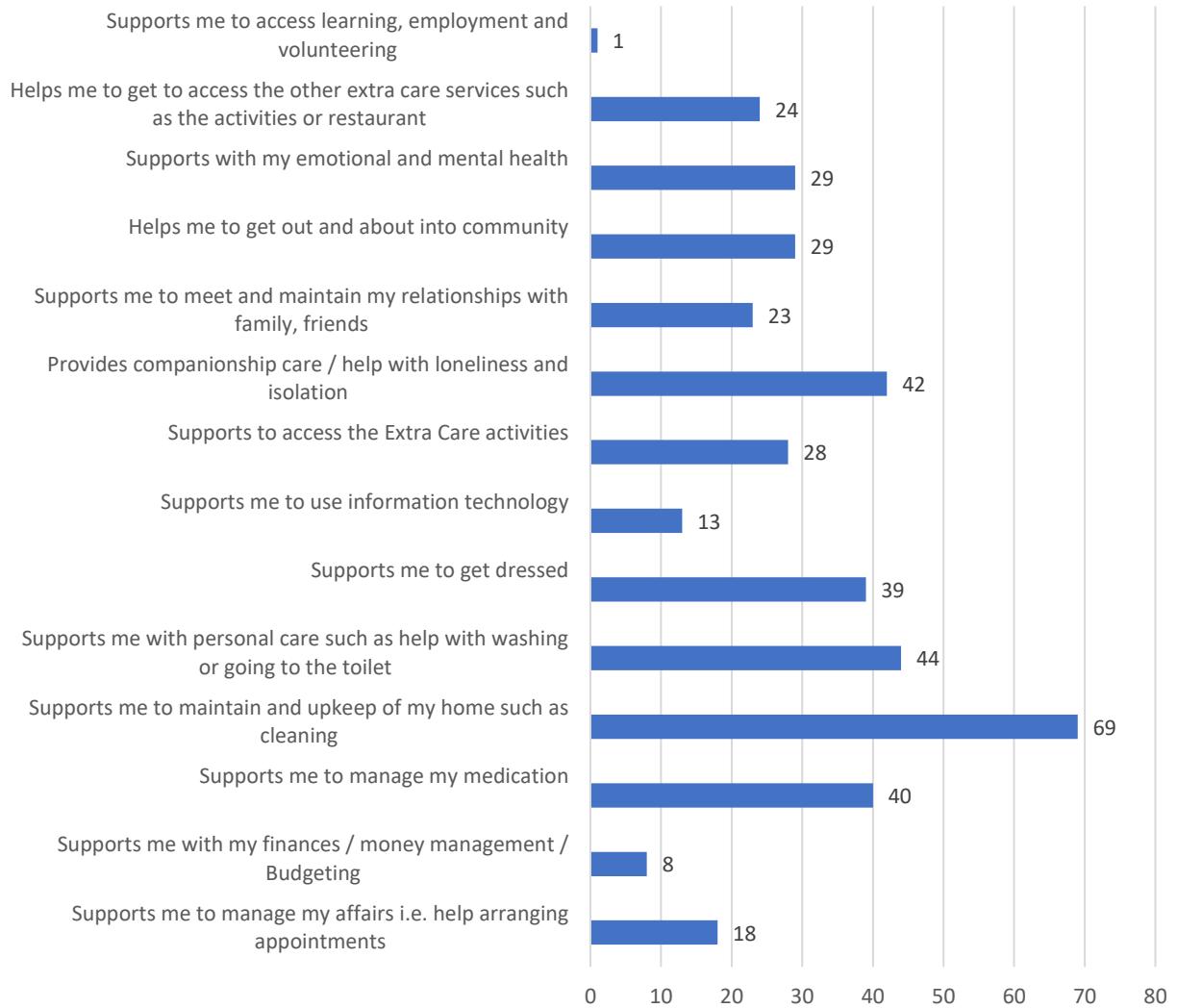
“Help with getting up, showering and dressing possibly some shopping with assistance probably the same as now.”

“Up about 8.30am help with washing and dressing, breakfast - do word searches, watch TV, like different music.”

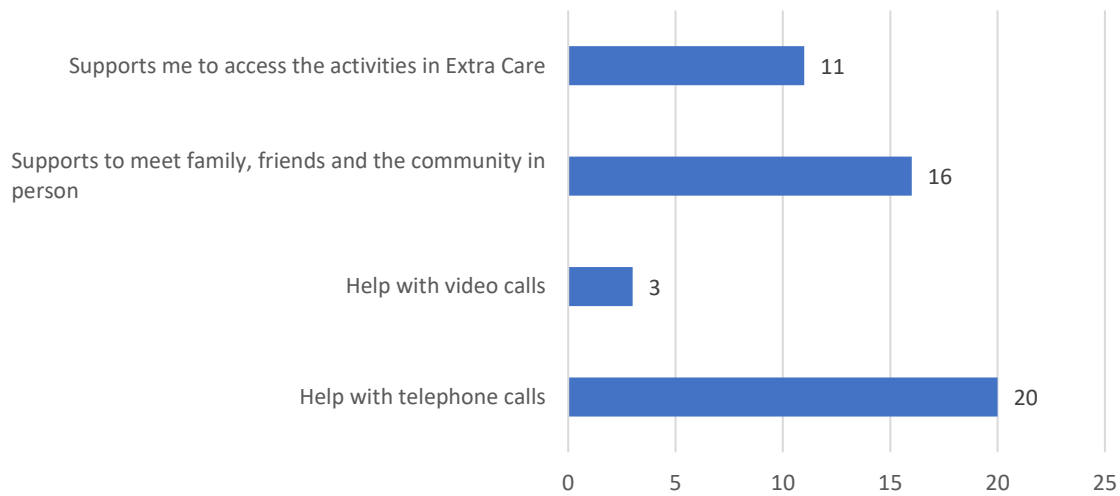
“Used to be able to go out shopping with her husband assisted in a wheelchair but he has recently died and because of COVID-19 has been shielding and limited to see who she can see in her family.”

“Get up about 11am, watch TV, showered and dressed. Sometimes find it easier and more comfortable staying in my PJ's then don't have to go out. Do some housework, sometimes visit my friends.”

2) How does the Care or Support service in Extra care help you achieve this?

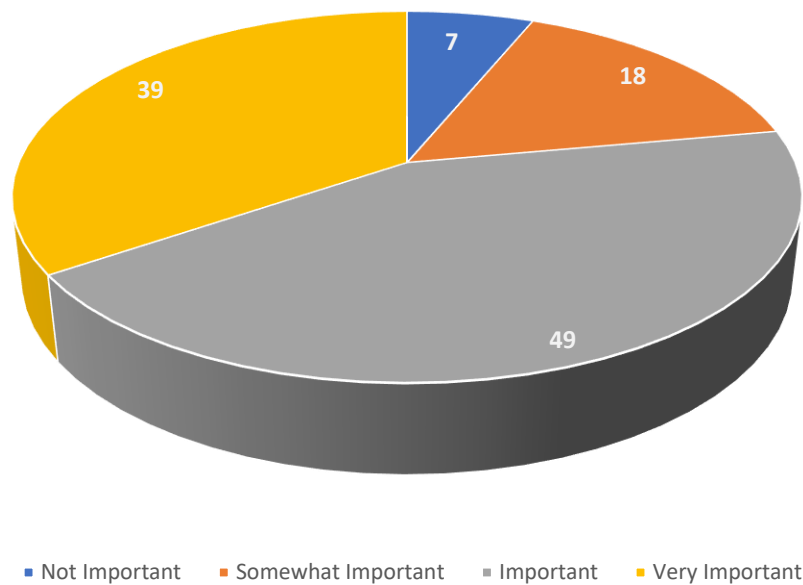


3) How does the Care or Support you receive help you to keep in touch with family / friends and your community?



Other Comments:

4) How important is this for you?



4b) Why is this important to you?

“Like talking to people.”

“Very important to keep in touch with mum and step sister.”

“Without it wouldn’t be able to cope.”

“It is very important however feels the services delivered within the unit i.e. the in-house restaurant is quite poor.”

“It’s part of your own wellbeing.”

“I don’t see anyone else or speak to anyone else, during COVID-19 it was lovely to go to hospital as I got to leave my house and actually see people and get some fresh air.”

“Emotional and Mental wellbeing, very family orientated person.”

“Like independence.”

“Feels like carers support socially very well.”

“Keeping in touch with my family makes me feel happy.”

“My family are important and the only people I talk to.”

“Helps me keep calm.”

“I like spending time with family and talking to them.”

“It’s the knowing that the support is there and can ask for help at any time; whether minor, major or emergency that makes a difference. Front desk systematically calls residents over intercom to ask if they’re alright and waits for a reply.”

“My granddaughter is an absolute treasure, who is disabled herself and has children, she rings every day and does shopping for me when needed, it is very important to me to keep in touch with her.”

“Sociable likes to keep in touch.”

“I like to see my friends.”

Allows me to access the community.”

“Love to see the children.”

Mental health.”

“Important to keep in touch with his family has two daughters.”

“Family is a lifeline.”

“It maintains relationships and you find out how other people are getting on.”

“Enjoy keeping in touch with everybody - has son living with her and has sister close by.”

“Enjoys seeing friends and sisters.”

“Only has niece who sees regularly.”

“Sister visits regularly with husband and helps with shopping and cleaning.”

“Sees her son and daughter regularly.”

“I need to see people to keep up with my mental wellbeing.”

“Just talking to people and having help when needed.”

“Keeps in touch with his mum - she phones him every day.”

“I only have one friend and see my Grandma and Granddad.”

“Take it in turns to contact sister each week - has call from Age UK weekly.”

“Has children who sees regularly.”

“Keeping in contact with family and friends does good for my mental wellbeing.”

“It’s important for my wellbeing and mental health to be in contact with my family.”

“Good to chat and advise if needed.”

“Defeats the loneliness and good to have a chat with friends and family who don't judge.”

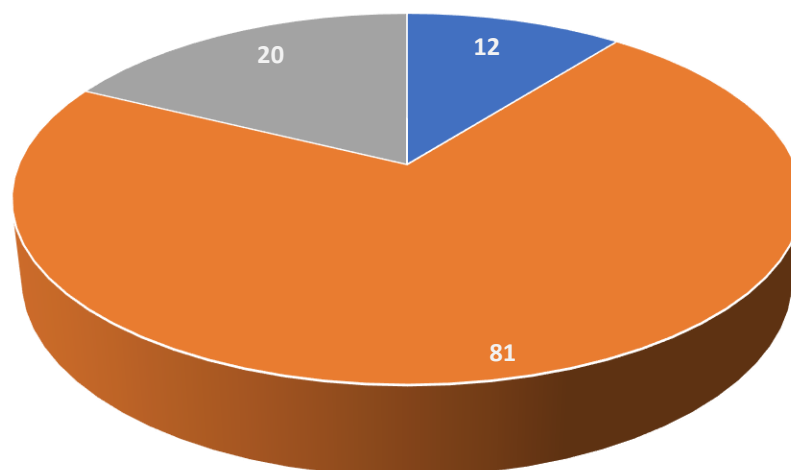
“Has a son and daughter who both live away - one of them abroad - keeps in regular contact through WhatsApp.”

“Family mean everything to me - fortunate to have really good kids.”

“So I am not isolated - if isolated affects mental health and I get depressed - have intrusive thoughts of self-harm and taking tablets.”

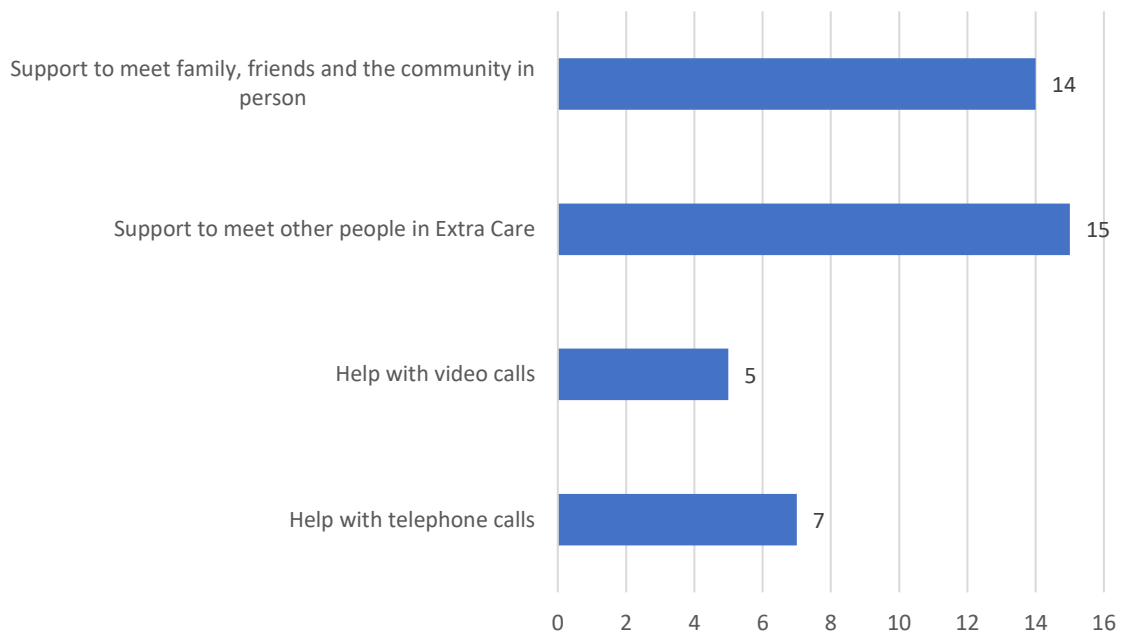
“As I'm very nervous going out and about, some days I can't do it as don't feel confident enough - having the phone calls makes a big difference.”

5) Do you need any extra Care or Support to help you keep in touch with family / friends and your community?

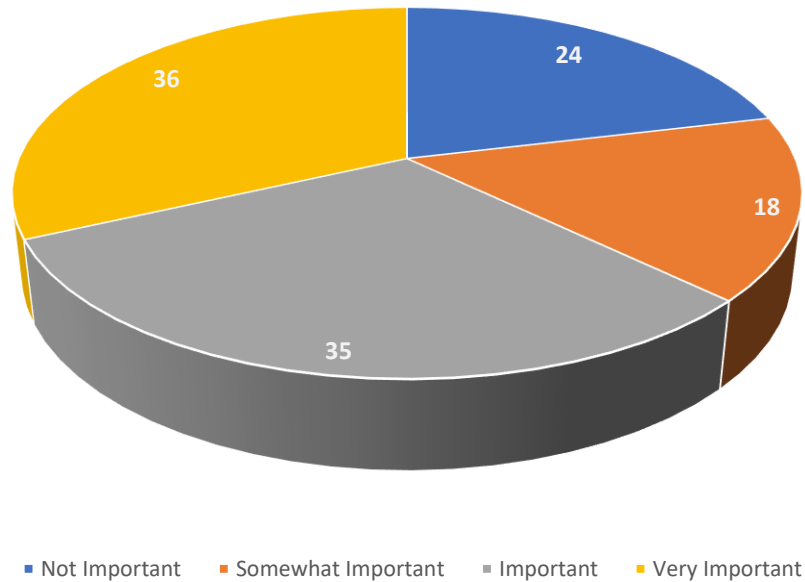


■ Unsure ■ No ■ Yes

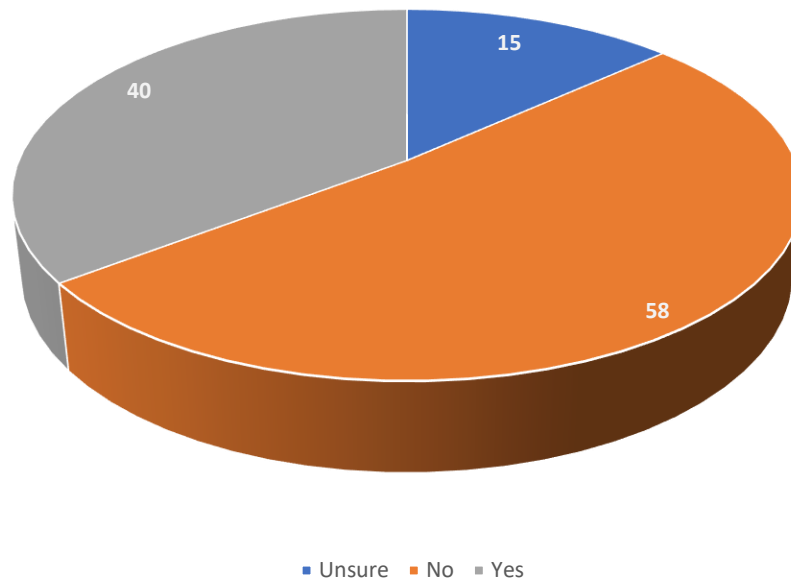
6) If yes, what extra Care or Support do you need?



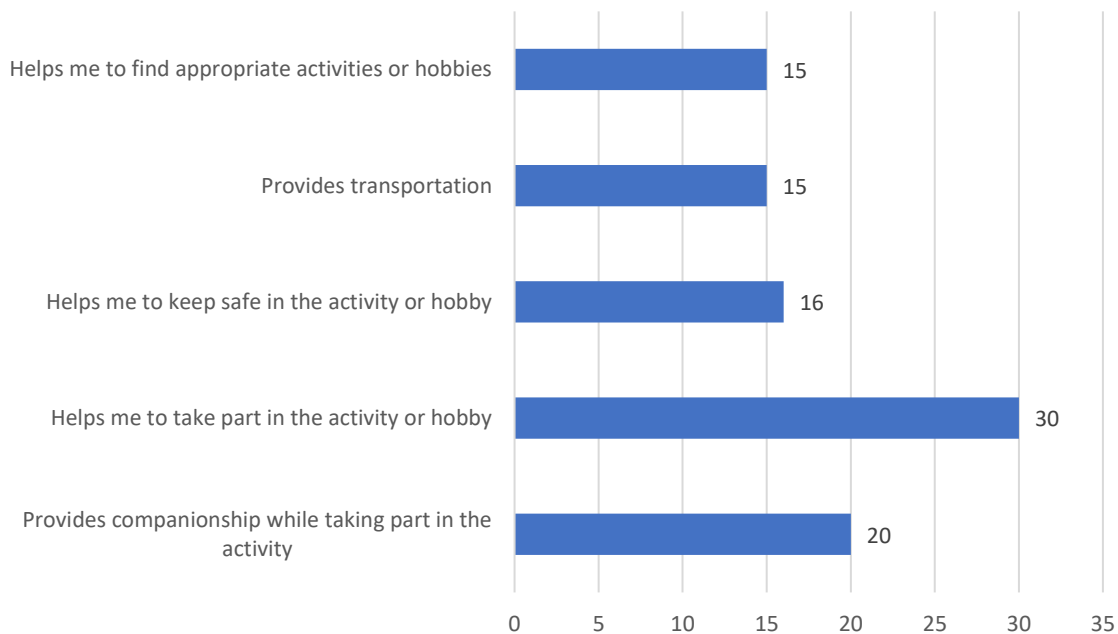
7) How important are hobbies and social activities to your daily life?



8) Does the Care or Support you receive help you to take part in all of the usual hobbies and activities that you enjoy?



9) If yes, how does the Care or Support in Extra Care help you to take part in social activities and hobbies?



Other Comments:

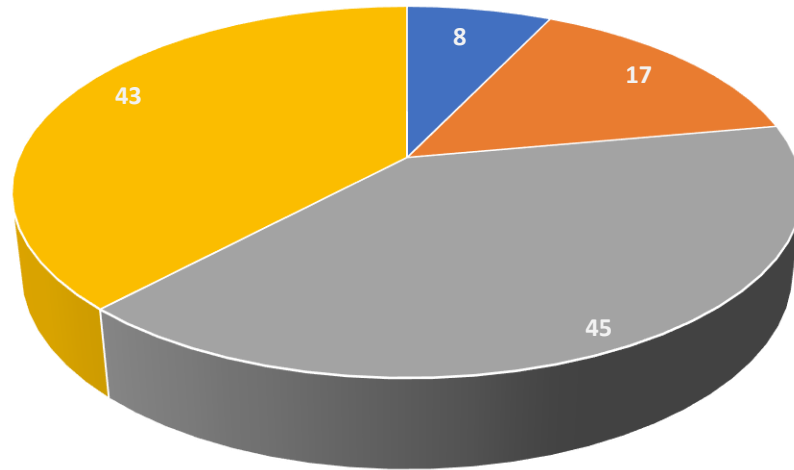
“I think they have things to offer, but a lot of it is not on at the moment because of COVID-19.”

“Everything has been closed down at the minute but would like to be involved.”

“I am not sure which activities they offer.”

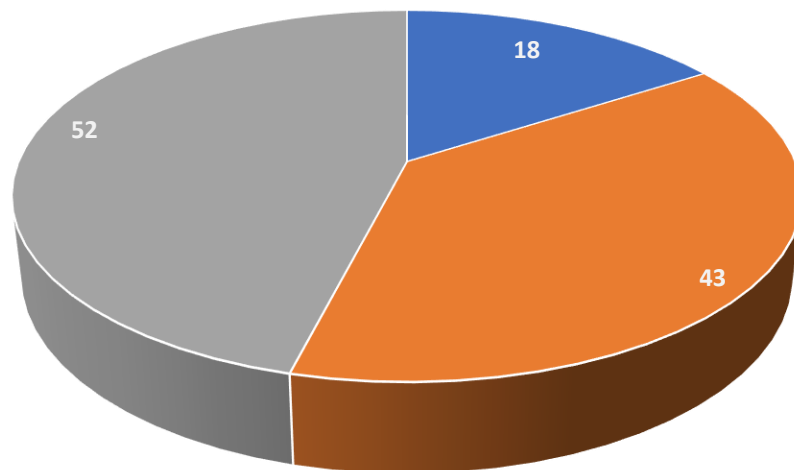
“Riverside Staff encourage me to participate in activities.”

10) How important is it for you to get out and about in your community?



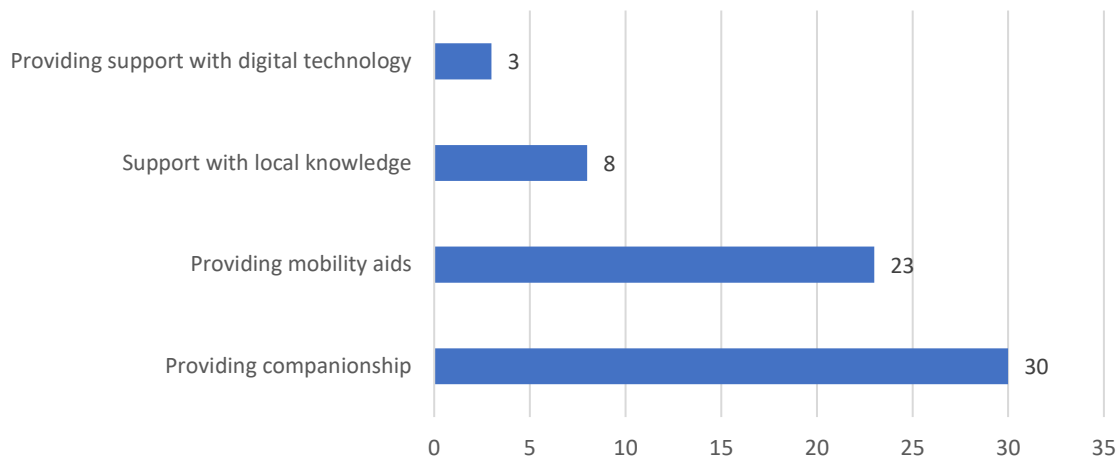
■ Not Important ■ Somewhat Important ■ Important ■ Very Important

11) Do you feel you are able to get out and about independently?



■ Unsure ■ No ■ Yes

12) If no, how could the Care or Support service help support you to get out and about?



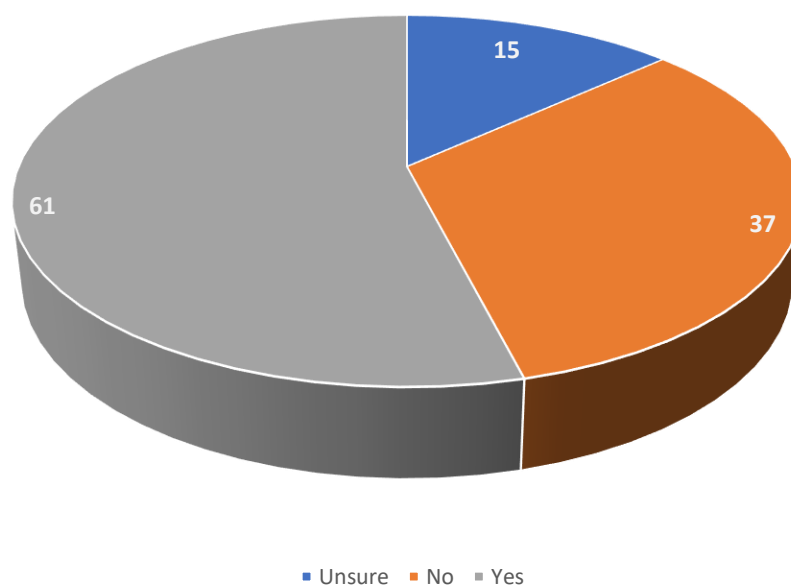
Other Comments

“I need help as I get dizziness all the time, so if I go out on my own I could just collapse so need help getting out and about”

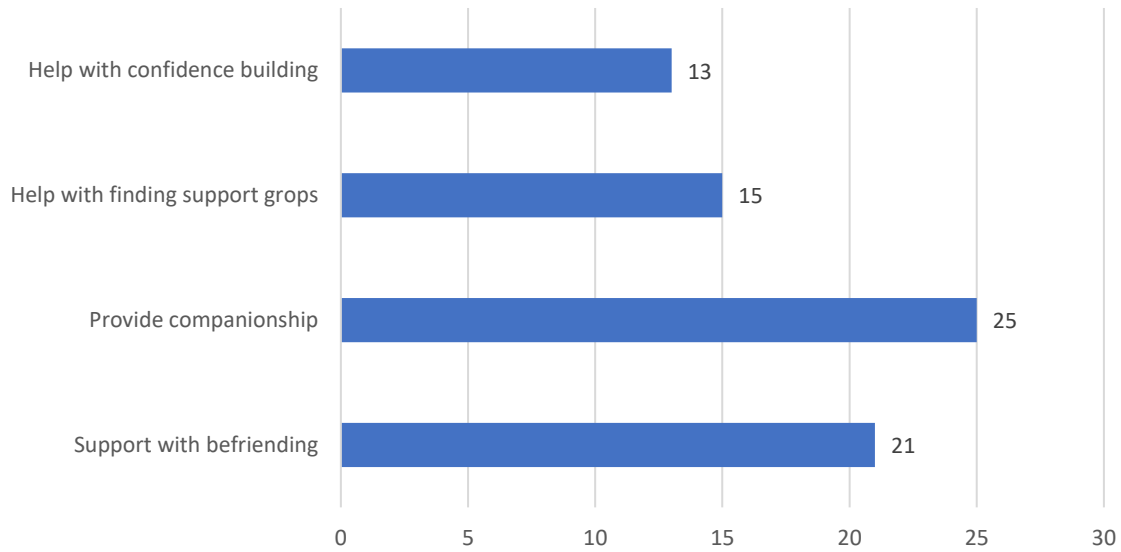
“On offer if needed, trying to remain independent and care can be costly!”

“She has 4 hours on a weekend is fine but could do with one to one support during activities as struggles to do so independently. Visits Same Difference twice a week which meets a lot of her social needs.”

13) Do you feel that you are given enough emotional and mental wellbeing support?



14) If no, how could the Care or Support service help to improve your emotional and mental wellbeing?



Other Comments:

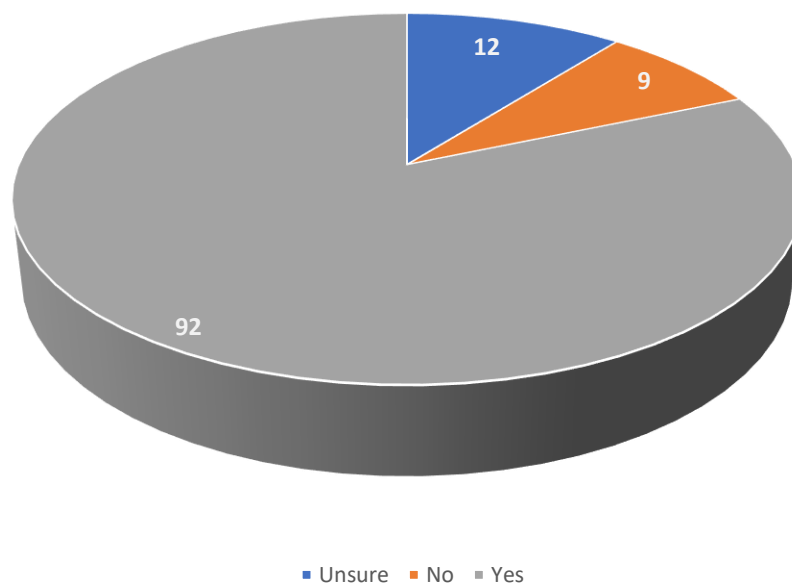
“The carers do their job but not interested in interacting, just some conversation would be nice.”

“If I could have someone to read to me, that would be great!”

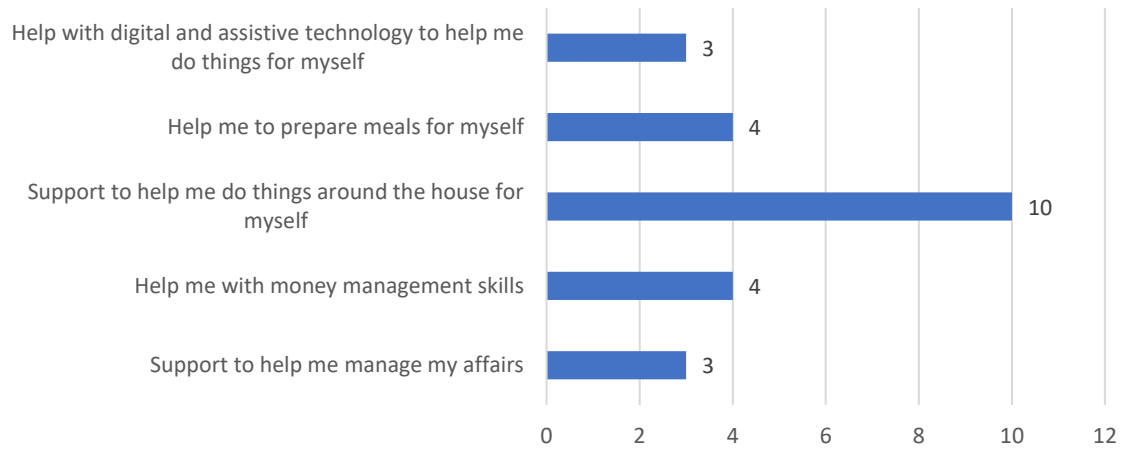
“I just need some more companionship and to get out.”

“To have a qualified mental health worker on site.”

15) Do you feel you are able to manage your day to day life in Extra Care?



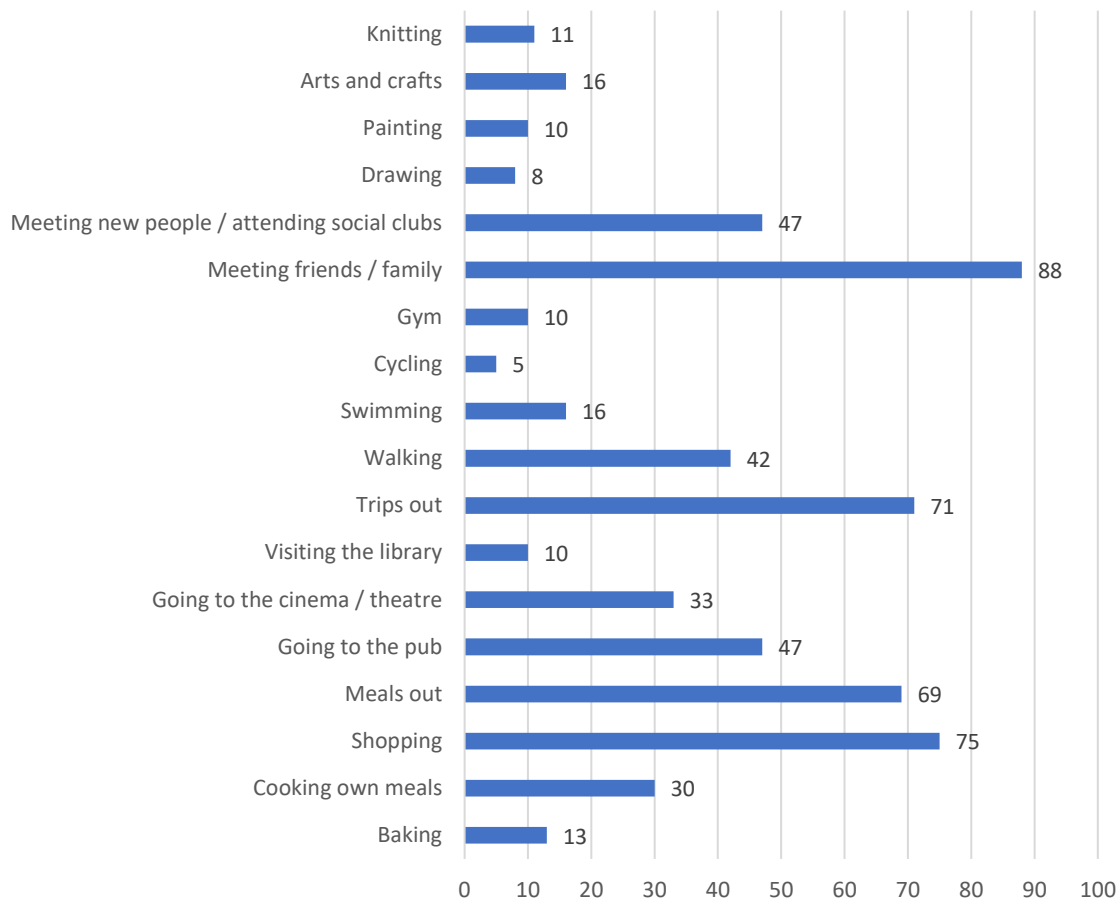
16) If no, what things do you think would help you to manage your day to day life in Extra Care?



3.3 - Thinking about your ideal world

This section explores what a really good day would look like for a person and why this is important. It also delves into what help and support a person would need from Home Care to be able to improve their quality of life and also what types of services their Home Care Service currently provides.

17) Please describe what a really good day would look like for you



Other Comments:

“I like sewing but do not have use of my left hand. I went to activities in the Unit when they were open but as I only have use of one hand it’s sometimes difficult to take part.”

“I would love to read, my granddaughter keeps promising to take me to see my son but that hasn’t happened yet as I’ve got to have someone with me no matter where I go, I would love to take off by myself and be independent.”

“I enjoy singing and playing guitar.”

“I enjoy reading and dressmaking but have been unable to do that since I had a stroke.”

“Would need assistance for many of these activities - also Wheelchair Basketball, hoop in garden to train and exercise.”

“Want to start Karate as soon as possible.”

“Through Sight Support I play tennis, I attend a walking group weekly and church regularly.”

“I enjoy doing dancing.”

“I like to play on computers.”

“Playing Snooker.”

“I used to like doing sports like swimming but it’s not so easy anymore with some of my mobility problems. I do love seeing family.”

“I take every day as it comes and if I want to do something then I do it. I would love to go play football again but I’ve got osteoarthritis and wheelchair bound.”

“Completing jigsaws.”

18) From your answer above, which of these are most important to you and why?

“Using Kindle for word searches.”

“All of them to try maintain a normal life as I try not to let my health define or control me but mostly it does.”

“Meeting people and arts and crafts.”

“Meeting new people, friends and family, good for mental health.”

“Meet people and be sociable - dressed up”

“Family going in each day and sitting and keeping mum company.”

“Enjoy socialising and mixing with various different people - going for meals with family.”

“My family, friend and church, enjoy seeing them.”

“Interacting with others, that is the number one thing, she wants to be a part of life and be a part of groups and activities.”

“Being with friends and family, for support.”

“Watching DVDs.”

“Her family take her for a walk in her wheelchair and go the shops when possible.”

“Interacting with family and baking, been sociable.”

“Seeing son or friend is very important, I really enjoy going to local cafe and having a nice meal and going for a drive in the sun.”

“Reading and church activities are the most important things to me, it keeps me knowledgeable and close with God and others.”

“Being able to chat to people is most important - used to enjoy the BBQ’s that were put on at the unit and the music nights but obviously not on since Coronavirus.”

“Spending time with family and getting out more in the community.”

“Enjoys mixing and socialising but happy watching sport on the tv at present due to the current restrictions.”

“Like to go out to the shop and see my friends.”

“Meeting with my family as they are great support.”

“Seeing his brother and building his car, boat models.”

“Enjoy socialising and physical activity to promote physical strength.”

“Family as love to see the children.”

“Going to pub.”

“Meeting my family, someone to talk to and get involved with.”

“Spending time with my friends and family within the community helps builds my confidence.”

“Social life and exercise most important.”

“It’s difficult due to health, love to see grandchildren, and family.”

“Enjoy meeting people and socialising.”

“Going out and mixing with people especially family - enjoys live music.”

“Likes to mix with like-minded people.”

“Going for a meal with family mainly.”

“Enjoys seeing her friends and neighbours who visit regularly and also large family.”

“Plenty of company and more things going on.”

“See friends most important and family but two sons live abroad - Skype regularly every couple weeks.”

“Mainly stays fairly local enjoys being able to go out at least once a week to the shops and visit her husband who is in a residential care home.”

“Enjoys mixing with people mainly - has a few friends within the unit that he used to see regularly but unable to do so at the moment with Coronavirus which impacted on his mental health last year but is steadily improving now.”

“Most important to see family - daughter and son visit regularly and take it in turns to stay over currently as lady recently lost her husband.”

“I think just doing anything different in general. I enjoy how I feel when I go out so any activities help.”

“Going out on trips out, just to get out and about.”

“Socialising and mixing in like-minded groups - Sight Support started recent walking group which part of.”

“Meeting my friends - getting out and about and enjoying myself good for my mental health and I love shopping.”

“Be able to go out to the shops and be independent.”

“Mixing with family and being able to go out - sees her three sisters regularly.”

“All the activities keep the brain active.”

“Enjoys swimming.”

“I like doing Model making kits.”

“I like to swim and have recently tried again after 4 years. I like to be really social and like to go to organised events. I enjoy knowing the resident’s views and help them to get their point across.”

“Church is the most important.”

“Reading. I read a wide variety of genres some for fun and some to learn something new.”

“Going out to the pub and socialising.”

“Exercise is important but feels mentally exhausted at the moment.”

“Making arts and crafts because it relaxes me and it makes me feel good.”

“Finding a hobby as it will keep me occupied for longer periods. Go out for a meal as it’s been so long since I had a meal out.”

“Learning new things to keep brain ticking over.”

“Meeting with friends for a drink.”

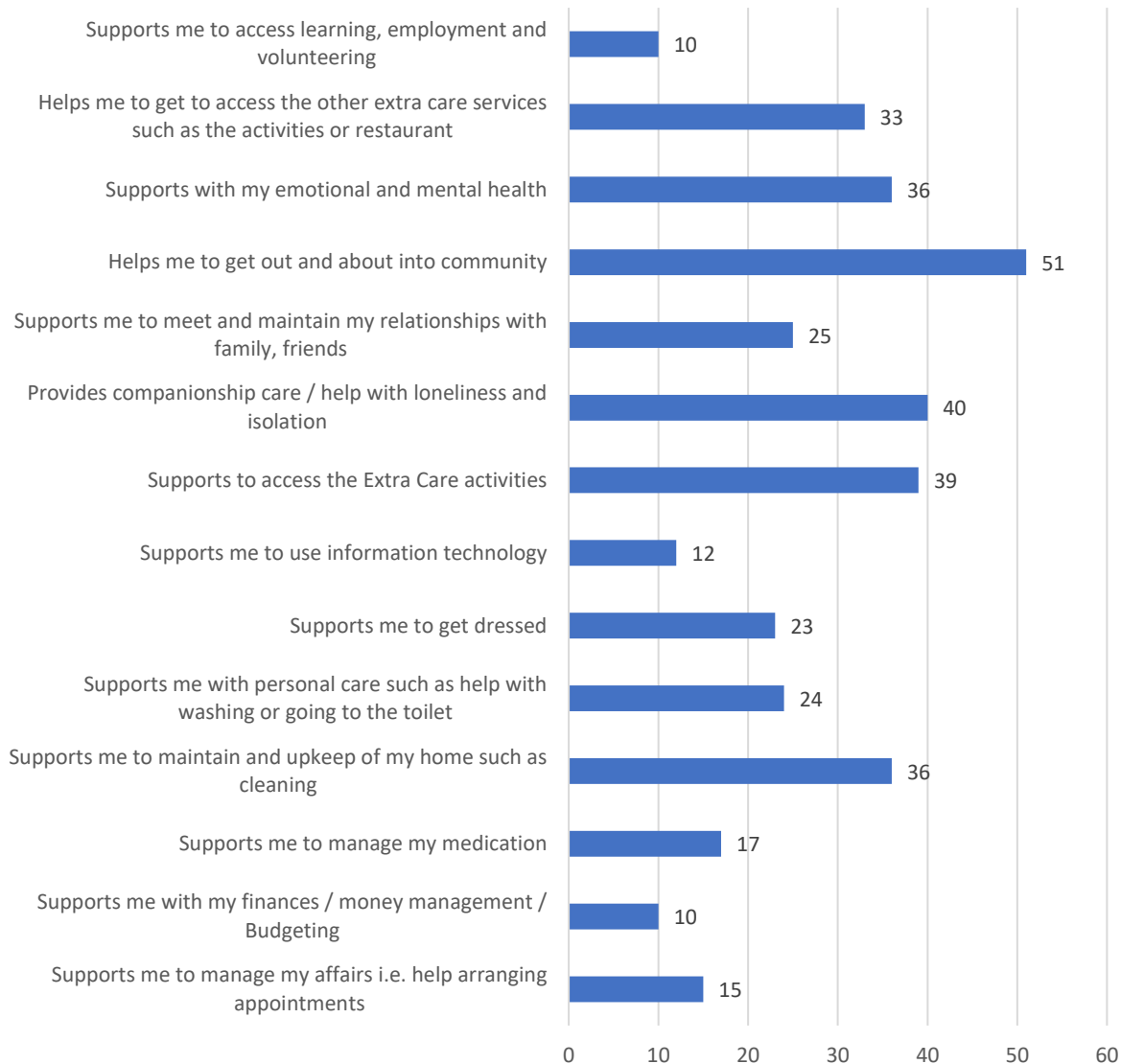
“Enjoy doing jigsaws - keeps me occupied.”

“Karate class when back on.”

“All of them - trying to keep mobile and independent is important to me.”

“Wheelchair basketball”

19) What Care or Support may you need in Extra Care to be able to do the above?



Other Comments:

“I could do with a few hours for someone to sit with me and help me with activities as I am not physically able to do things like bingo by myself.”

“Someone to read to me and take me to church.”

“I cannot get around on my own so I would need help.”

“Help getting to the garden.”

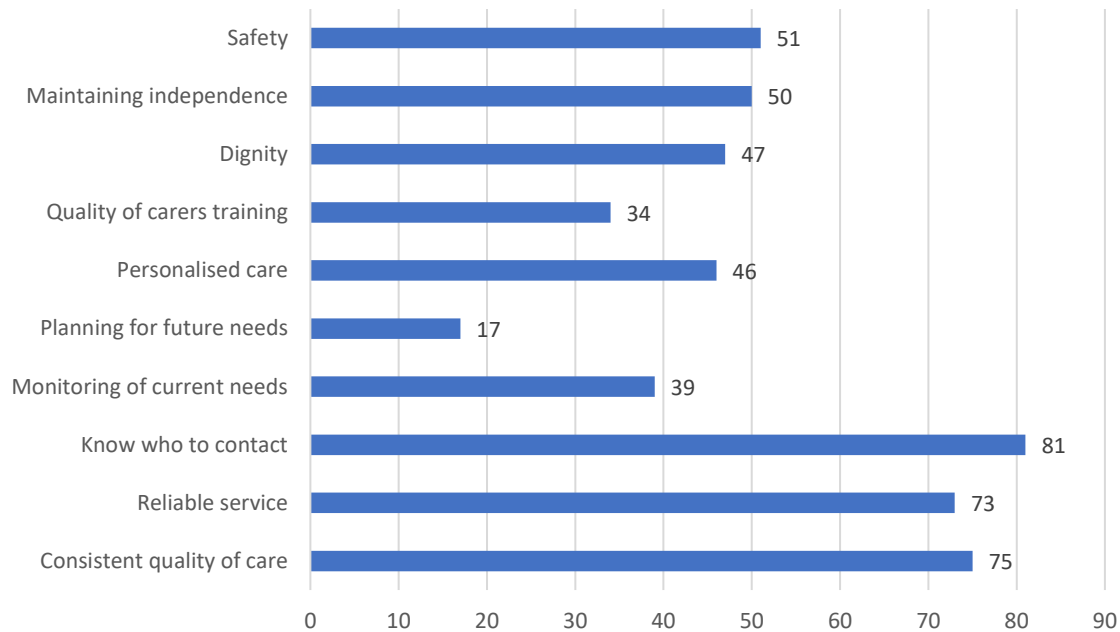
“Support with walking.”

“Someone to support me with my wheelchair.”

3.4 - Thinking about your current services

This section explores what aspect of the home care service is working well, what are the most important aspects of a home care service, what aspects of the homecare service are not working well and should be changed and why.

20) What aspects of your current service do you think are working well?

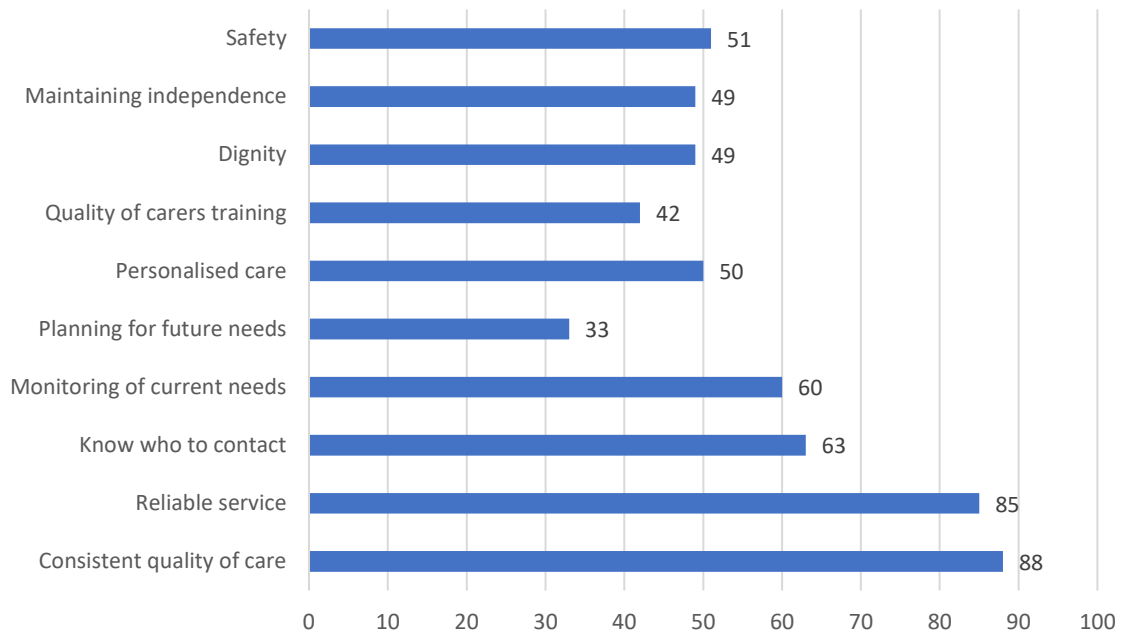


Other Comments:

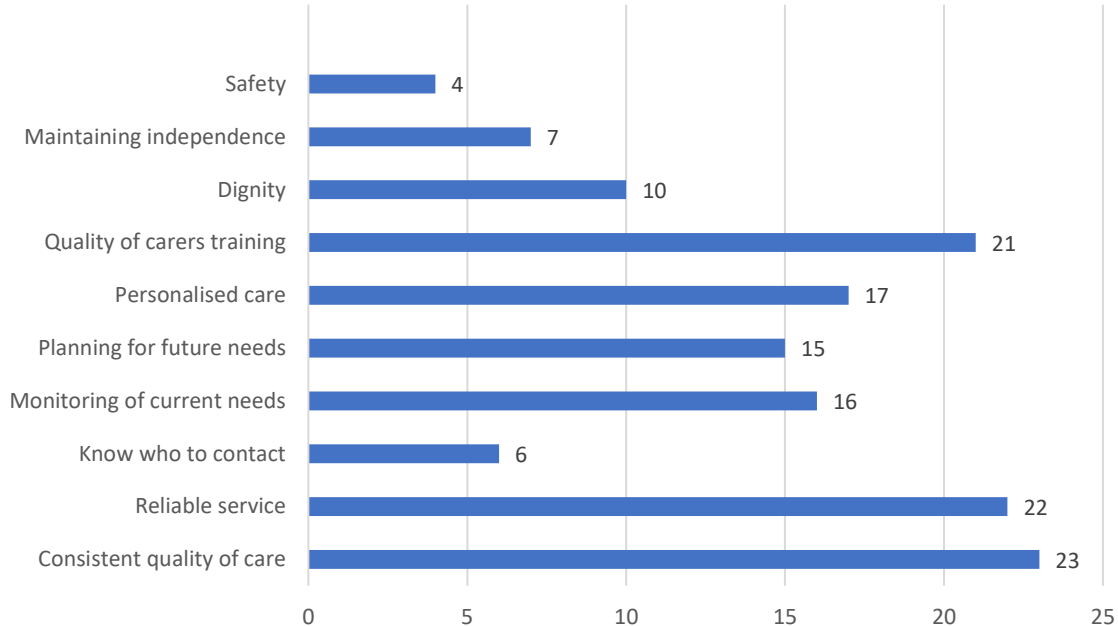
“I am provided with wonderful care and happy with what I receive, I feel reassured about my wellbeing, they provide the same carers who I get on with to provide more personalised service.”

“The way these premises have been put together are wonderful, it’s like living in a luxury apartment. It’s the knowing that you’re safe and there are people always around who want to help wherever needed.”

21) What are the most important aspects of a Care or Support service to you?



22) What aspects of your Care or Support service do not work well and should be changed?



Other Comments:

“I’m not always told about any changes. Sometimes changes take a long time to implement, cleaning times can change but not always told. Don’t always know who it is or when and there’s problem with rota. The pandemic has changed use of lounges but residents are still charged. My husband’s fall detector doesn’t always work.”

“The care company not always good at contacting family member immediately if had a fall or hospital admission.”

“The carers are inconsistent sometimes turn up at 7am but then the next day could be 8.30am.”

“Communication difficult with some of carer's - can't always relate to them if very young don't always listen to what they are being asked.”

“The consistency of care. There's too many different carers would like a set carer rather than several.”

“When there's new carer's they don't seem to know what they're doing.”

“The carers have had NO training on my particular health conditions of which two are life threatening! I've taught a few myself what to do or things to watch for.”

“I need help in most things, I really need someone to help me with my mental health. I have only been living here for 2 weeks, I don't feel very confident to ask people what their jobs are and what they can help me with. I need some sort of introduction to what people can help me with.”

“Poor retention of staff, some staff have little experience in basics.”

“Some of the carers don't always knock before entering my apartment.”

“Carers not washing pots properly and putting them away dirty as somebody who is blind think won't matter. Laundry not put away according to labels to make it easier for person to find.”

“Some carers arrive on time but some don't and often on their mobiles during their work.”

“No interaction, not consistent with same carers different person each time.”

23) Please can you explain further why the aspects you have chosen should be changed?

“Often care calls are quite rushed and inconsistent with timings given which makes it difficult to plan any appointments or possible outings.”

“Inexperience of some of carer's also evident especially when out in the community which doesn't help with confidence or trust.”

“May be gaps in the day when help is required but not able to get any until next carer arrives.”

“Carer's change quite frequently so no consistency of care in terms of it being the same one each time so difficult to build up any friendship / trust.”

“I have only been here for 2 weeks, so it is tricky to know what more I need, but I definitely need help with my mental health and someone to speak to, someone to listen to me. My care (outside of Harrison Park) help me with some things, but it would be nice to have someone to help.”

“The plan for me to come here was so I could get my daughter to get on wish her life and she knows I am safe and cared for. It was very apparent quickly that she

could not just leave me in the care of the carers here. They lack knowledge my needs. I am a qualified care assessor so see there are many gaps.”

“As somebody who is blind this is important to keep to the systems in place.”

“The carers are too young and do not understand some of my needs.”

“Sometimes difficult to plan the day if don't know when carers are going to arrive.”

“Having the same carer is vital to build up trust and friendship - possibly have a 'floating' carer in the public areas who can help out when required.”

“Older people often don't want a young person helping them with personal care and would prefer the same sex as them ! Many special needs in Extra Care facility but no specialists to support this - also care staff training appears limited.”

“Carer's need to have basic cooking skills and recycling training. Carer's arriving late and leaving before time finished. Can call or knock on office door and no answer. Any changes to be dealt with quickly and reviewed with client so they are aware and updated. Sorting out with social workers new care assessment asap to meet new needs - able to adapt care package. All carer's jewellery should be removed and phones kept in lockers. Fire safety procedure to be clear.”

“Not enough experience in life or care, should speak to people with respect and dignity.”

24) Is there anything else you would like to tell us that will help us understand what would improve your quality of life?

“Consistency. Everything seems to be about time, if you've no call then the carers don't want to know. Leniency depending on how you are on a particular day. With illness every day is different.”

“More interaction and companionship.”

“Occasional chat with Mind or similar professional on informal basis would possibly help with emotions and wellbeing - check in service rather than full counselling.”

“Move to ground floor, Bathroom upgrades.”

“Believes there should be more focus on the 'middle ground', which seems to be ignored - those who need a little bit of care, not full care. Less support or acknowledgement for those who still have a large degree of independence, but just need help with little things (providing companionship).”

“Having help to read would be the one thing that I want more than anything and I would love to have a reliable chair to go out with.”

“Asked for ground flat as on first floor currently and only have small balcony which wheelchair cannot turn in, difficult to get out onto it for fresh air.”

“Continued support to be able to go out into the community once restrictions lifted as has spent so much time over the last year or so being in at home.”

“Possibly further social calls to check in with him - mentioned had been looking into some possible volunteering that he could maybe become involved with or groups could join.”

“Winning lottery ! Used to enjoy driving - car has been adapted - license recently revoked he feels unfairly.”

“To see my children as they are far away and don’t see them no more.”

“The people who run the Centre are wonderful, however the carers who come in are too busy and mental health takes a back seat.”

“The lady would like to have her hair and nails done although facilities within the unit seem to be still closed?”

“More support possibly required with personal care, domestic duties and accessing services. Uses electric wheelchair but difficult with access in property, walk with sticks to balcony but doesn’t use as pigeons nesting in roof and balcony covered in dirt and feathers - improved maintenance of properties needed. Restaurant meal prices gone up from £2.50 to £5.00 and better-quality food as often cold. Would like services within unit to resume but nothing reopened so far.”

“Lady would like to be able to go out in the garden when the weather is nice but relies on someone to push her in the wheelchair which one of the carers could do but would need help to be able to get back in again. Also has access to a balcony which could get more use if she had help to get out there.”

“To have a trained mental health worker on site.”

“Would like more user-friendly appliances for somebody who has no sight. Difficult to operate the cooker or washing machine when not able to see the settings. Hoping to get another guide dog soon which will help her access more and help improve her confidence again going out into the community. Would benefit from PA or similar who is able to spend time with her out and about.”

“Would like carer's to be chattier or would benefit from somebody calling in to have a chat as doesn't have any visitors.”

“Been waiting for motorised scooter for over a year in order to be able to go out - likes to be independent - otherwise reliant on somebody pushing the wheelchair. Thinks would have to pay additionally for this each week as not offered in current package. Has had both COVID-19 vaccines now and would like to start going out a bit more and being able to see sister.”

“Used to go to Wheelchair Basketball but doesn't have anybody who could take him but would like to start that again he if could.”

“Turned down for now for a guide dog as is able to go out walking on limited routes on her own. Within the gardens, the buttons to come back in need to be high contrast colour so can see easier and also numbers on apartments easier to be seen possibly yellow or red.”

“I believe Hull have missed a golden opportunity to provide a modern and forward-thinking service for the people of Hull living within the 3 extra care facilities. If the council, social care and health worked together it could be a model city. It

would also be an opportunity to have early intervention package in place, to cut down on the risk management.”

“To have qualified mental health professionals on site to build a working relationship with residents with a mental condition and for those who have depression due to bereavement.”

“Ideally a CPN so could work with residents in crisis early enough to prevent them being sectioned which is extremely expensive.”

“To have someone qualified to work with residents with learning disabilities, they can help residents to navigate relationships within Extra Care. To work in partnership with the mental health workers when there are issues between residents.

A dietitian or a nutritionist to work with residents with weight issues or specific dietary needs to give meal ideas suggestions.

A dementia specialist who could work with staff but also other residents to support residents living with dementia to promote community living.

A physiotherapist to work with residents to develop exercise programmes for residents they could do in either 1:1 or group sessions, this could be a holistic approach to provide a positive and healthy living environment not just physical health but also their mental health.

“Not happy with bullying on local buses - needs to be able to get a seat on the bus and can't always get on if full - tends to travel outside busy times. Would like to know when the yoga class is starting again and also bingo!”

“Getting more social calls to improve loneliness - Sunday is the worst day. Clearer on finance issues and payment scheme as confused with what owes. Opening up of computer room as spent much of his time there mixing with others. More help with managing mental health issues and perhaps support with looking for work, courses, volunteering etc.”

“Communication in and around building - help/know help is available for organised trips.”

“Coping strategies for anxiety attacks - been in touch with MIND. More support needed for mental health issues.”

“Help with cooking and baking.”

“Improved mental health support as varying amounts needed - has concern over other people in the accommodation being lonely, as she is, and has tried to encourage people to join for a chat, coffee morning. More should be done to help with feelings of isolation and loneliness and building up confidence.”

“A member of staff to be designated specifically for mental health. Better communication to residents.”

“Lived here 4 years made many friends and lost many too - fact that we don't get to say goodbye because of Data Protection rules means not allowed to know that they have passed - we would love to say goodbye, some we have been able to.... It's a brilliant place to live we are close to each other.”

3.5 - Perceptions of a 'Community Wellbeing Service'

The Local Authority and the CCG are currently looking at ways to improve current Home Care services within the city. One of the ways they are doing this is looking at the name 'Home Care' and seeing if the name accurately reflects the services provided. One of the names suggested is a 'Community Wellbeing Service'.

This section asks people to think about what the name Community Wellbeing means to them. We received the following responses:

“Sounds good, good idea not everyone needs carers. Includes activities not just care.”

“Is for everyone not just for yourself, it is for all.”

“It's seeing familiar faces, people they can trust and know, it gives them the feeling that they haven't just been swept under the carpet.”

“Assist to work in the community such as in charity shops and have more independence in the community to meet people and socialise.”

“Looking after the happiness of a community.”

“Looking after the community, maintaining and making sure everyone is alright.”

“Seems to fit the description for what they are intending.”

“Giving her safety, choices and helping her maintain her independence.”

“Out in the community looking at the individuals.”

“Looking after the community's wellbeing.”

“It's knowing you're not on your own in the community, the support currently given by Cecil Gardens is better than what could be given out in the community.”

“Means a lot to be able to access my community.”

“Fairly good - gives an overall idea of what trying to achieve.”

“Like the new sounding name!”

“Been looked after by the community.”

“Good reflection of what service trying to provide.”

“Likes the name seems appropriate.”

“I feel the name Home Care reflects the service provided rather than Community Wellbeing would.”

“Fits description well - providing for people in the community.”

“It sums up the system better - Home Care portrays being in a care home rather than self-help accommodation.”

“Community suggests someone looking out for you.”

“Thinks name is suitable for what it does.”

“Better title overall.”

“Nothing wrong with Home Care.”

“Doesn't feel phrase 'Community Wellbeing' correctly reflects the reality.”

“Is more rounded description of overall care given.”

“No, I don't like it Home Care more accurate.”

“Making sure that people in the community are happy and satisfied with their lives.”

“Having the services to make life easier.”

“Looking out for people in the community.”

“Prefer Home Care.”

“Means looking after the elderly and their wellbeing, happy and safe.”

“Not sure people will know what the term means.”

“Includes both mental and physical health.”

“People get mixed up with the current name and think it's a care home - 'Community wellbeing' better title and explains the service.”

“To be provided for in a proper way - spoken to - kept informed and given choices.”

“Like the title indicates that service access to all people.”

“Like 'Good Health & Wellbeing'.”

“Should stay as 'Home Care' people can relate to that - possibly 'Home Care & Wellbeing'.”

“Name doesn't make a lot of difference.”

“Don't like it - as far as the Extra Care, people think it is an Old People's Home and don't think that will change.”

4 Service user involvement in commissioning process

Hull City Council wish to ensure that service users are fully inclusive in the tendering process to determine the provider(s) of Home Care services within Extra Care for the city. Therefore, Healthwatch were asked to help enlist service users to be involved in the evaluation process of Provider tender responses. This is a good practice approach as it provides an additional level of service user input to help ensure that services do meet the needs of local people. 24 service users expressed an interest in being part of this process.

Hull City Council are also keen for Healthwatch to recruit existing service users to form a review panel. This will enable service users to take part in future projects and have their say on the quality of the service and the future design and development of services. 28 people said they would be interested in this.

5 Commentary and Conclusion

The detailed research undertaken has highlighted how Home Care within Extra Care promotes continued independent living with adaptable accommodation and assisted technology, to reflect any changing support needs for the future. It has detailed the valuable service that is currently available through Home Care within Extra Care however it has also provided an insight into resident's comments and suggestions for consideration towards future improvement. We used the Loneliness Measure and Satisfaction of Life tools to determine the respondent's thoughts and feelings around these aspects. Generally people seemed content with their current friendships and relationships and felt comfortable asking for help if required. 64% of people scored 3 or less on the loneliness indicator, the lower the score, suggests the least likely they are to be lonely. It was a mixed reaction to how content people felt with the conditions of their lives; 62 people said they were satisfied, 32 said they were not and 19 were still undecided, many agreed they had all the important things in their lives. However, many respondents did say they would change aspects of their lives in response to being asked about 'living their life over'. Overall 65% of respondents said they were satisfied with their lives, 37% showed some dissatisfaction and 5% were neutral.

We had many positive comments about how life was different for many of the respondents before the Covid pandemic and the many activities they were able to enjoy. These included visiting friends and family, shopping, trips out, socialising and accessing activities within the Extra Care residential sites. For some however, life was still very much the same depending on their health and mobile agility. When asked how Extra Care helped to support them, the main answers were focused around maintenance and upkeep of their homes with the help of cleaning, providing personalised care and companionship. Whilst the majority of people said they didn't require extra support with helping to keep in touch with family and friends, those that did, said they needed support with managing telephone/video calls, going out into the community and also help with access to see other people living in the Extra Care accommodation.

When asked about hobbies and social activities, over 80% agreed how important these were to them in their lives, although only about half said they received additional support in order to actually enable them to take part in the hobby or activity. Second to this was providing companionship which was also valued as important whilst taking part in the hobby. Alongside this, the majority of respondents acknowledged the importance of being able to go out into the community, of which 47% confirmed being able to do so independently.

Throughout this research mental wellbeing was continually highlighted and when respondents were asked if they felt they were given sufficient support, 52 people confirmed they didn't think they were or were unsure. Suggestions for improvement for this were around providing further companionship and befriending opportunities, and more help with confidence building and accessing support groups. Most people said they were able to manage their day to day lives with the support of Home Care within Extra Care but of those requesting further support, it was about helping them to do things around the house for themselves, along with help to prepare meals and use IT.

When considering what they would most like to do ideally, there were many varied responses; meeting friends and family being the most popular, followed by shopping and trips out. Many said in order to do these though, they would need support in getting out and about into the community, companionship and assistance to access the Extra Care activities.

The aspects of the service that were working well were considered to be the fact that residents knew who to contact at the service if required, followed by 'Consistent Quality of Care' and a 'Reliable Service'. The most important aspects of the service which were identified by respondents were seen to be these same factors which was quite reassuring. However, when asked what parts of the service were not actually working too well, sadly for some, again these same factors were highlighted as the main issues. Carer's inadequate training was also mentioned regularly, many commenting on the carer's apparent lack of experience of care and knowledge of medical conditions. Also many respondents expressed their wish to have the same carer who became familiar to them and their individual needs.

Some also mentioned a preference for having same sex carers particularly for personalised care.

In terms of improving their quality of lives, there were many comments supporting not only their physical wellbeing but also support for their mental health, some suggesting possibly having a professional on site, to speak to, or check in with on a regular basis. At the time of visiting, the MIND charity had been commissioned for twelve weeks to be available for individuals to refer in, however it was apparent from some residents, that it wasn't always clear how a referral should be made. Unfortunately it also received criticism about the service not being very well advertised to the residents within the Extra Care Units. Alongside this many said there were no specialist key workers on site to support people living with dementia or learning disabilities. Suggestions were made from residents about additional support with diet and nutrition along with help for weight loss and managing allergies.

There were a mixture of responses, mainly favourable, in terms of the Community Wellbeing title, suggesting it provided a more rounded description of the care provided by the service both in the home and out in the wider community, with one respondent suggesting their own title, 'Good Health & Wellbeing'.

6 Recommendations & Next Steps

The key themes emerging from this engagement with service users, for consideration by Commissioners in the design of services for the future, include:

- A more holistic approach to care focusing particularly on a person's wellness and not just their illness or condition.
- Similar new residential Extra Care sites with a Home Care service to emerge and be part of the new evolving care model for the future.
- The need for provision to remain affordable and for the wider wellbeing of individual needs to be considered.
- Mental health and wellbeing to be at the forefront of an individual's care package.
- Key workers to be present on site and assigned where individuals are in need of further support particularly around dementia, mental health and learning disabilities.
- Improved training to support educational and employment opportunities, courses and volunteering options.
- Work with partner organisations to link in with groups and charities to help support interests and activities.
- Specialist trained professionals on site such as a Physiotherapist, Occupational Therapist, Optician, Dentist and Dietitian.

- A Chaplaincy Service to be provided for residents to represent faiths and beliefs of the local population.
- New improved quality training for carer's and flexibility in working practices.
- Consider the importance of hobbies and interests in assessment and care planning and how access to these can be supported in a valuable and meaningful way for service users.
- Identify and facilitate other means of companionship for individuals with recognition that this cannot always be met or relied upon from existing friends or family.

This report will be submitted to local health and care commissioners to help inform the final specification for an improved Extra Care/Community Wellbeing service for the city. Healthwatch will also facilitate service user involvement in the evaluation process of provider tender responses, as well as forming a review panel for future similar adult social care service reconfiguration exercises. Healthwatch also extends the offer to revisit engagement at a later date once the new contract has been established, to understand the impact the improved service has had on a service user's quality of life.

7 Acknowledgements

Healthwatch Kingston upon Hull would like to thank Hull City Council for enlisting the support of ourselves in completing the engagement, and also for their input towards the design of the engagement materials.

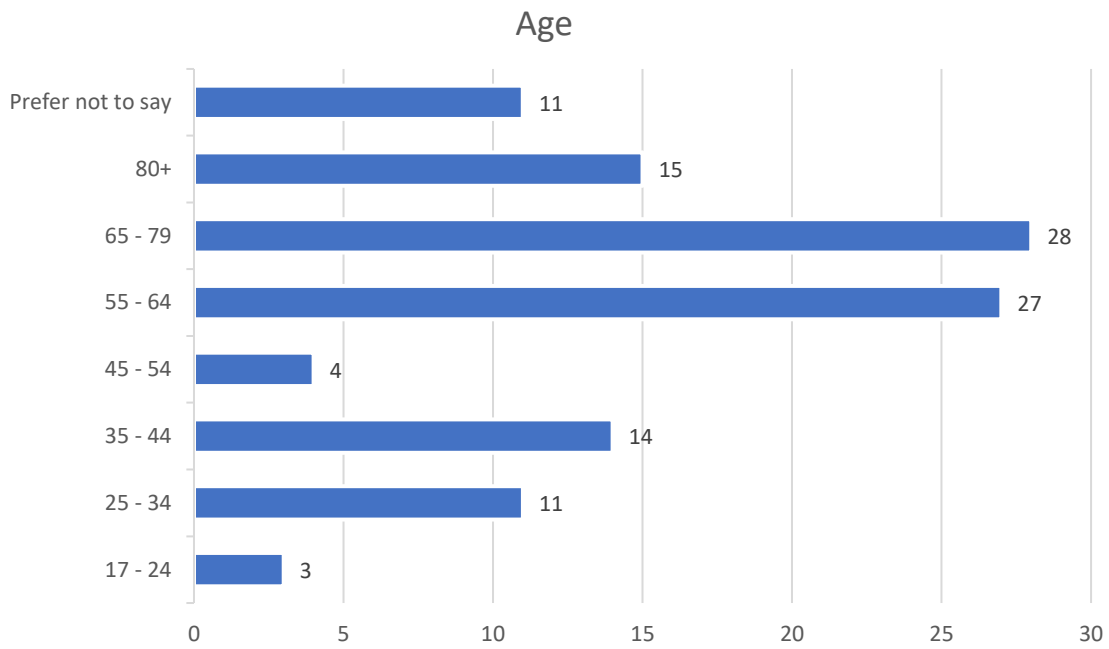
We would like to thank all our Volunteers who helped to complete this engagement and kindly gave up their valuable time to support Healthwatch.

We would also like to thank the many voluntary sector organisations who supported this campaign and helped to raise awareness on their website and distribute the information to those hard to reach groups across the City.

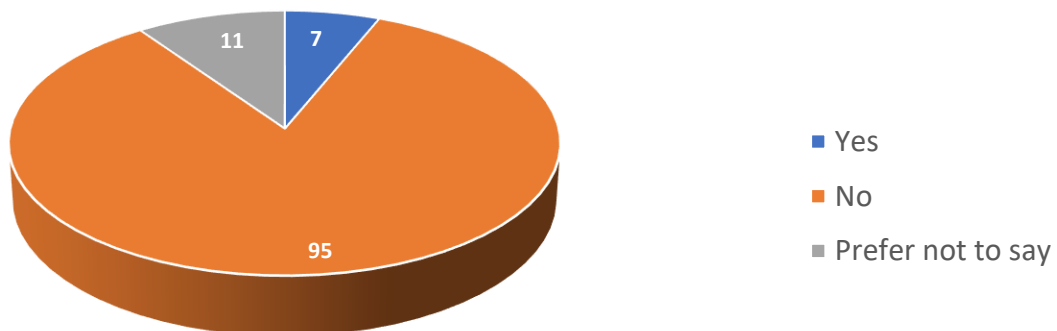
Finally, Healthwatch would like to thank those people who took the time to complete the survey either themselves or on behalf of a person known to them. Your input has been invaluable in providing the Local Authority and the CCG with information that is important and their ideas on what a Community Wellbeing service should look like.

8 Appendix

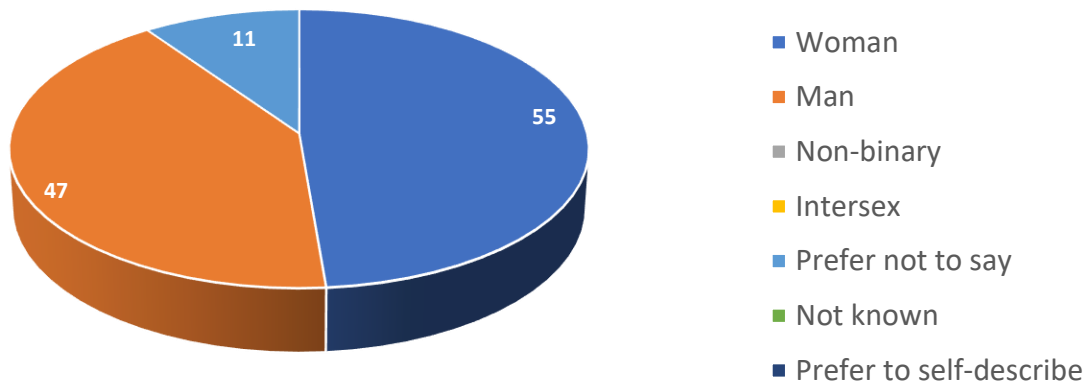
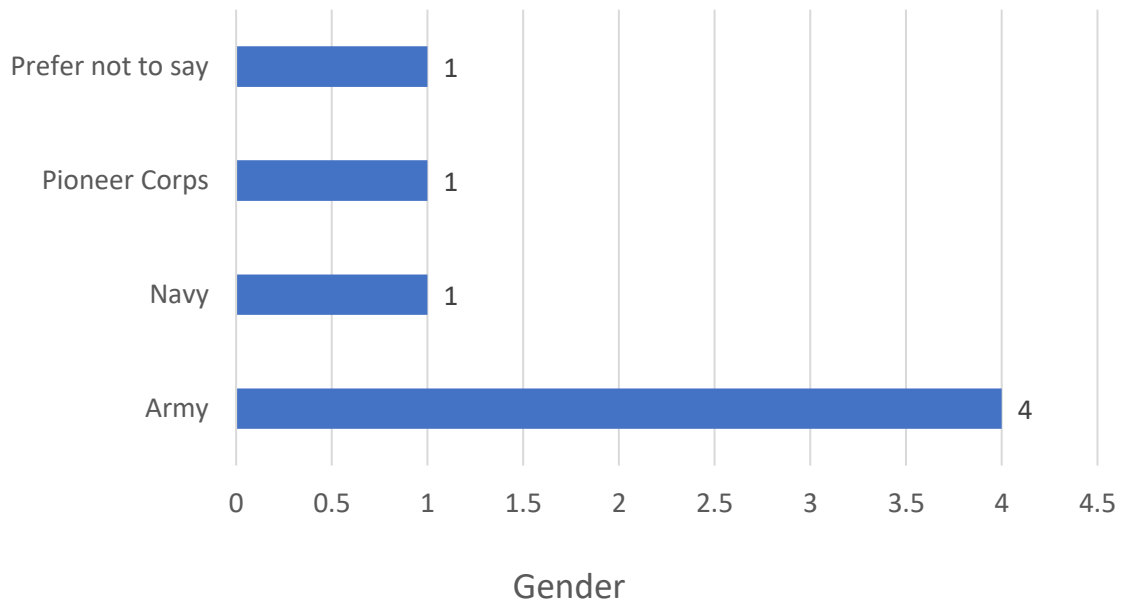
“Collecting quality demographic data helps us to better understand how people’s personal characteristics affect their experience of health and social care, both within local areas and at a national level”.



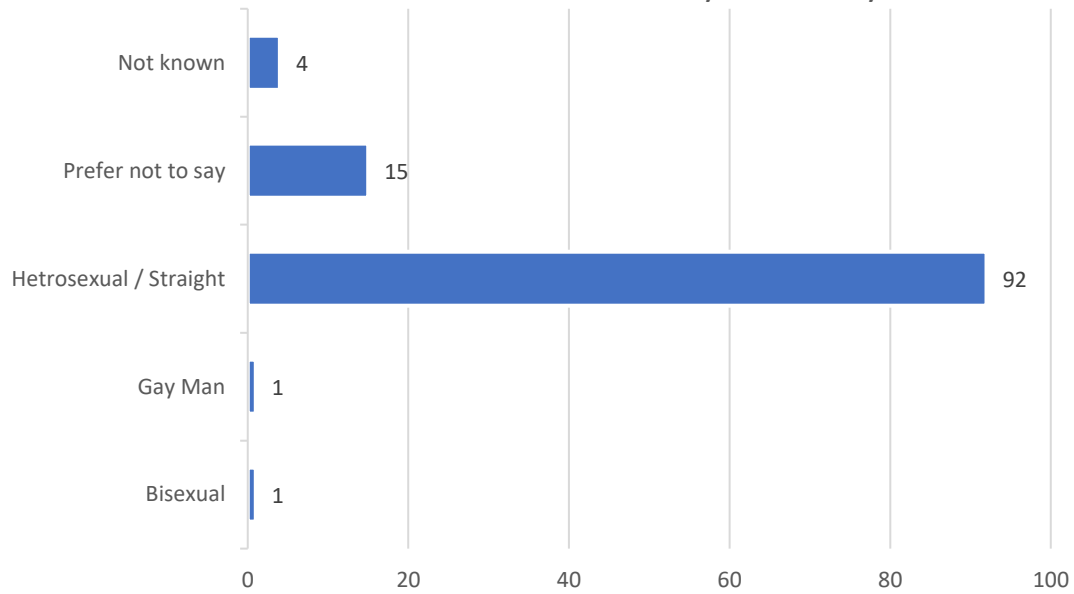
Have you served in the Armed Forces?



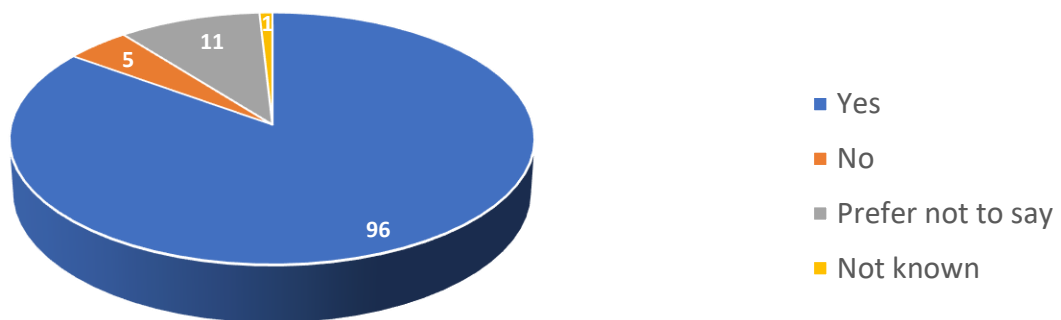
You said you served in the Armed Forces. Please tell us which service:



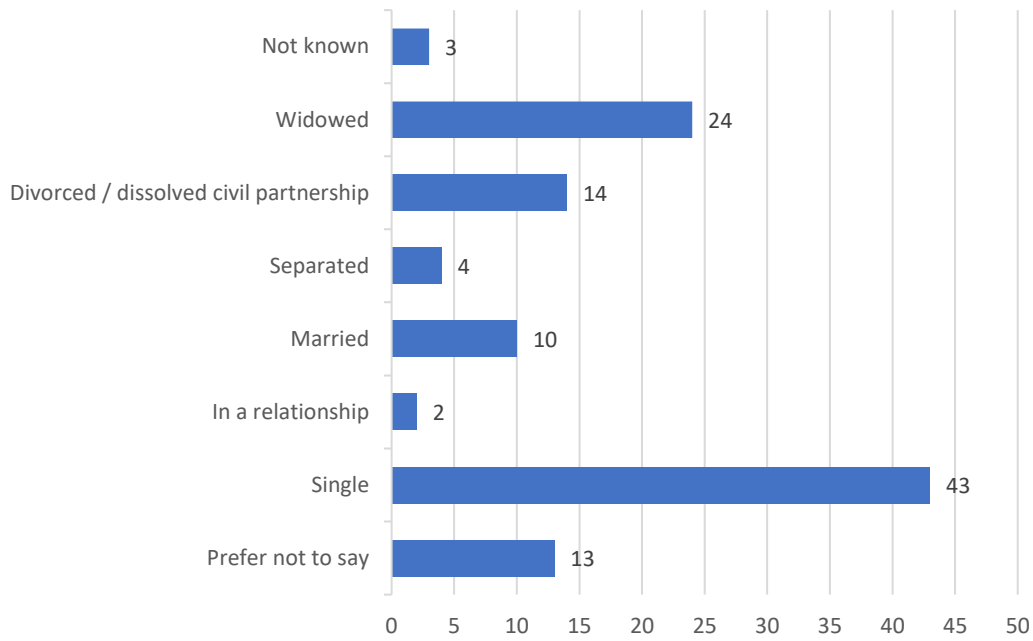
Please tell us which sexual orientation you identify with



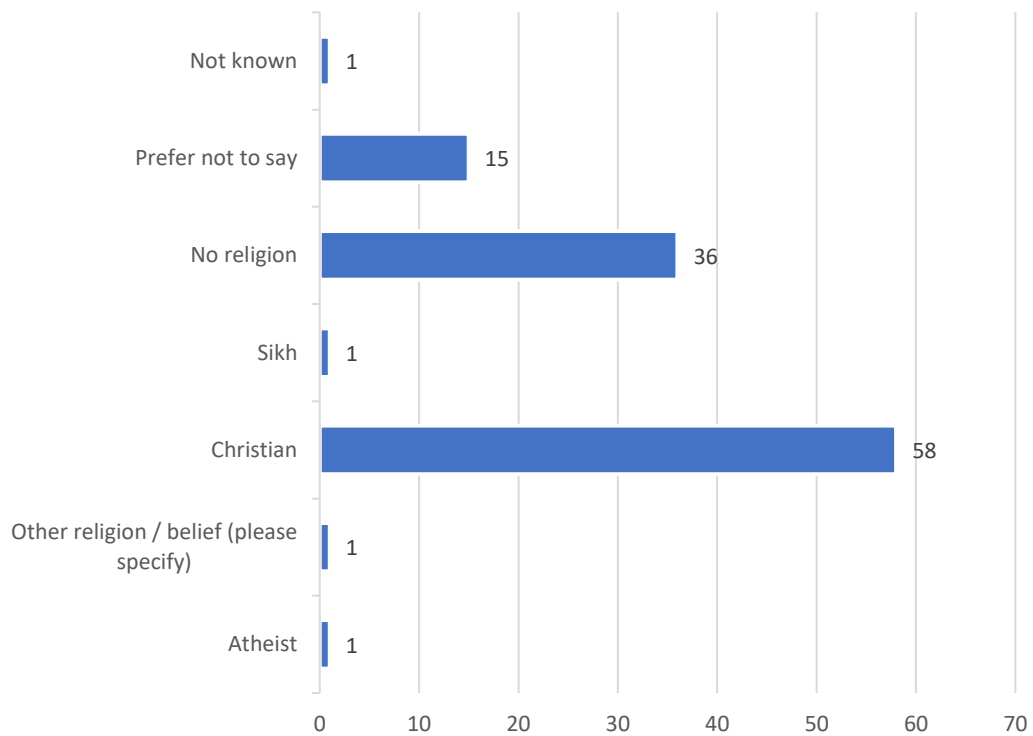
Is your gender the same to the sex that was assigned to you at birth?



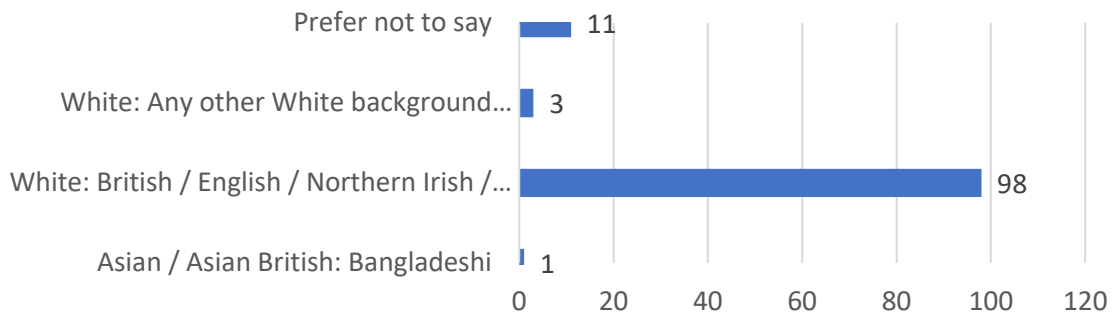
Please tell us about your marital or civil partnership status



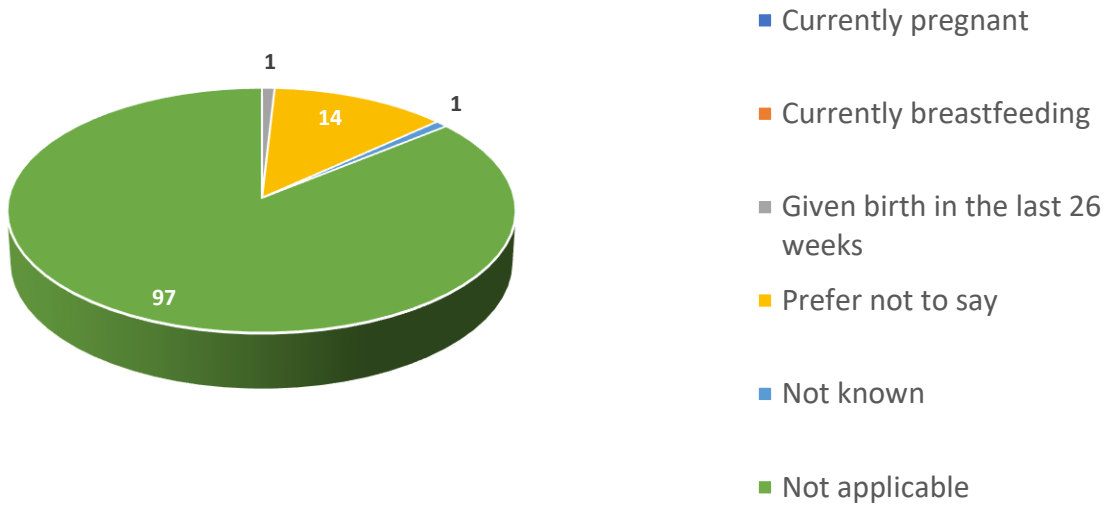
Please tell us about your religious beliefs



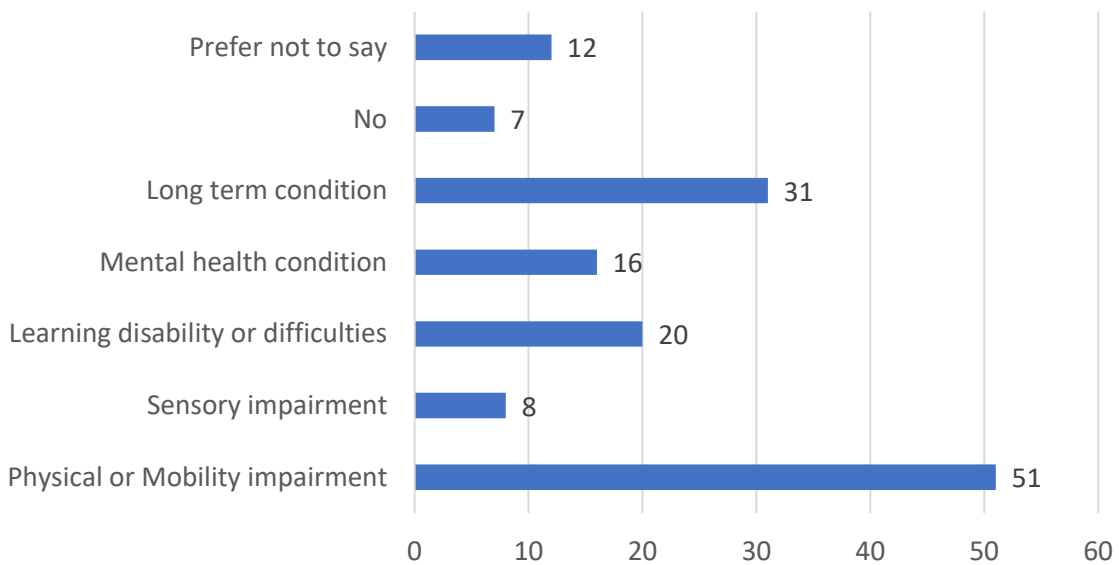
What is your ethnic background?



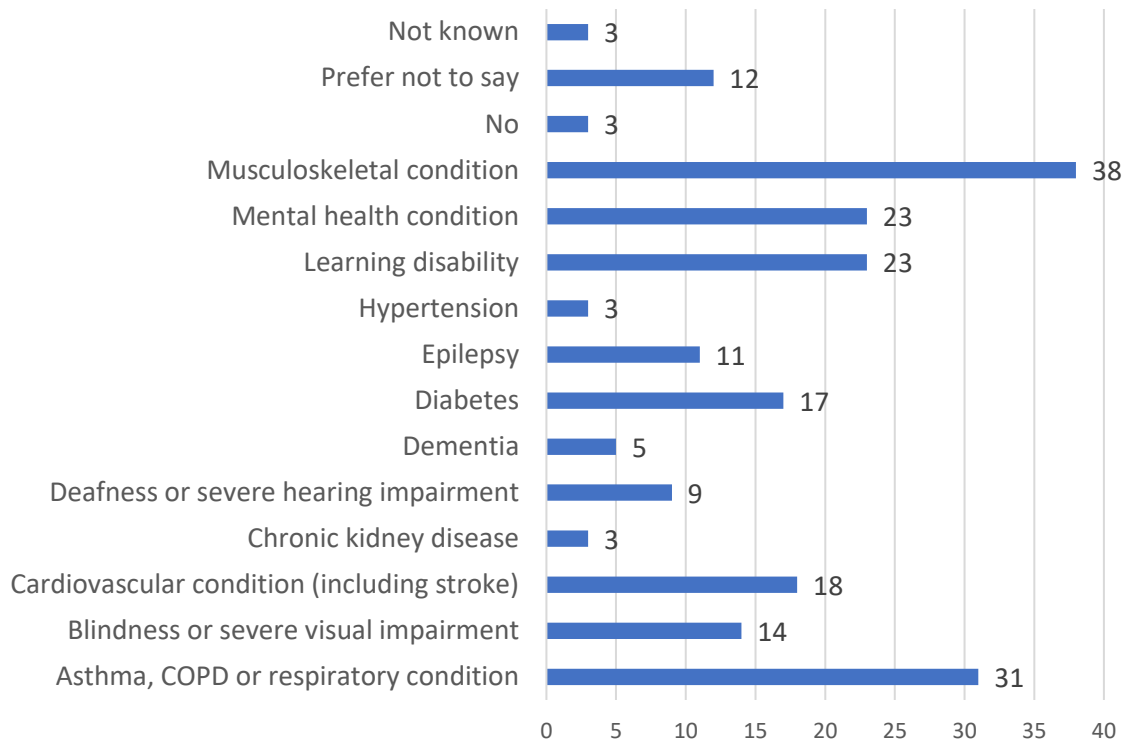
Are you currently pregnant or have you been pregnant in the last year?



Do you have any disabilities?



Do you have any long term conditions?



Are you a carer?

